

THE INSTITUTIONAL CARE OF THE INDIGENT AGED IN UTAH

VIRGINIA ELIES PARSONS

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ABSTRACT.

This study of the institutional care of the indigent aged in Utah could not have been accomplished without the assistance of the following persons: the assistance of Dr. Arthur L. Hawley.

The interest and efficient aid extended to me by the H. H. A. in every county in Utah where they were stationed has been very much appreciated.

Dr. Hawley's willingness to take on the study and his generous assistance in the Department of Sociology in the compilation of bibliography and the distribution of material making this final thesis possible.

I wish to acknowledge my suggestions made by my reading committee. The material in this thesis which has been given by the committee has been appreciated.

A thesis submitted to the Faculty of the University of Utah in partial fulfillment of the requirements for the degree of
Master of Arts, June, 1935.

I also wish to thank Elmer Smith, Eugene Fillmore, and the following: Del Taylor, George H'Connor, and the staff of the Department of Sociology and help.

Department of Sociology.

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Department of Sociology.

ACKNOWLEDGMENT.

This study of the institutional care of the indigent aged in Utah could not have been accomplished without the full cooperation of the Utah State Emergency Relief Administration and the patient and consistent direction of Dr. Arthur L. Beeley.

The interest and efficient aid extended to me by the E. R. A. in every county in which this study was conducted has been very much appreciated.

Dr. Beeley's willingness to help solve any of the difficulties involved in the completion of this study and his generous assignment of research students in the Department of Sociology to aid in the tabulation and summarization of data and the compilation of bibliographical materials have contributed much toward making this final thesis possible.

I wish to acknowledge any suggestions made by my reading committee. The interest in this thesis which has been shown by its members has been appreciated.

I wish to express also my appreciation of the cooperation and many helpful suggestions I have received from Elizabeth Deuel, with whom this study and the broader study of Old Age Dependency in Utah was worked out.

I also want to thank Elmer Smith, Hughes Fillmore, Read Tuddenham, Ford Barlow, Del Yates, George O'Connor, and Ruth South for the splendid cooperation and help they have given me.

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PART I.

INTRODUCTION.

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CHAPTER I.

PURPOSE AND SCOPE OF THE STUDY.

This investigation of the infirmaries in Utah and the people for whom they care was conducted as part of a study of Old Age Dependency in Utah, originally planned by Dr. A. L. Beeley, and later sponsored by the Utah State Emergency Relief Administration as a work relief project. The entire study was supervised by Miss Elizabeth Deuel and Miss Virginia Parsons under the direction of Dr. A. L. Beeley. The complete study included four phases: Old Age Pensions in Utah, Institutional Care of the Indigent Aged in Utah, Public Pensions in Utah, and Industrial Pensions In Utah. Each separate study was to survey and analyze the extent, type and actual practice of its particular means of caring for old age dependency in Utah.

The purpose of the study of the Institutional Care of the Indigent Aged in Utah was to survey and analyze the Administrative policies and standards of the existing infirmaries in Utah and to determine the economic and social status of the inmates of these infirmaries. It was hoped that this study would reveal existing types of administration, and possible causes for the economic and social destituteness of those persons who spend their last years in infirmaries; that it might discover ways of

minimizing the economic degeneration of any one social class or age group; and that it might lead to suggestions for the creating of a more adequate and constructive system than is now had in Utah.

The study includes a comprehensive survey of infirmary records, personnel, equipment, financial expenditures, rules of admission, regulations concerning inmates, and population trends. It also includes an analysis of the general population of each infirmary, as revealed from the records of the institution, and a detailed study of those inmates of 65 years of age and over in each of the four county infirmaries. The data concerning the age group of 65 years and over was secured by personal interviews. The study of this group gives the economic and social status of the persons concerned previous to their commitment to one of the four infirmaries. The investigation was conducted and completed during the month of December, 1934, in order that all data might be comparable.

There were three hundred and sixty four persons in infirmaries during the month of December, 1934. Of these two hundred and thirty six inmates were 65 years of age and over. Two hundred and thirteen of the two hundred and thirty six inmates were contacted by interviewers. The remaining twenty three inmates were either

too ill or in such a condition that they could not be interviewed. The inmates not included in this age group were not interviewed; however, the information obtained from official records was adequate enough to give a fairly comprehensive understanding of the type of population being cared for in county infirmaries. Since the study was to determine the extent and nature of the institutional care given to the Indigent Aged, the most detailed investigation was made of the Administrative standards of Utah infirmaries and of the "aged group", which was defined as that being of 65 years of age or over.

The study has reached every infirmary in the State; every superintendent has been personally interviewed; all records have been carefully analyzed; and a high percentage of the inmates classed as indigent aged has been interviewed individually. If such a survey and analysis of existing conditions and infirmary population can offer anything constructive, this study purposes to do so.

CHAPTER II.

METHODS OF INVESTIGATION.

As has been stated, this particular study was one of four phases of a state work relief project, directed and planned by Dr. A. L. Beeley, and supervised by Miss Deuel and Miss Parsons. Since the study was an E.R.A. project all workers except the supervisor and her assistant were relief clients of the "white collar" classification. All interviewing of inmates, except that done in the process of standardizing interview schedules and instruction sheets, was done by the relief workers.

The first step taken in the planning of the study was an initial survey made of the Salt Lake County Infirmary in the summer of 1934 for the purpose of determining the possible scope of the problem when extended into a state-wide study and to develop methods whereby the desired information might be secured.

After this preliminary investigation, it was decided to complete the study in Salt Lake County, thus perfecting methods and determining exactly the data to be secured. An interview schedule was planned and tried out on numerous inmates before sufficiently standardized to be printed and used. Since the persons who were to do the interviewing of the inmates were untrained in social case work or interviewing, detailed instruction

sheets had to be made out for each worker.

When the mechanical details had been worked out, the relief workers were interviewed and a number were selected on the basis of educational training, practical experience, general appearance and personality, and the number of hours of work allowed in each month. In addition to the written instructions accompanying the interview schedules,^(U) every worker was given definite instructions as to the methods he or she was to use in interviewing. After the instruction class, each interviewer received his or her assignment for that day; all interviews of female inmates were taken by women and those of male inmates by men. After each days assignment was completed, the completed interview schedules were returned to the supervisor for final approval before giving a new assignment to the worker. This procedure was used in the work done in Salt Lake, Weber and Utah County infirmaries.

The initial interview with the superintendents of the infirmaries was held by the supervisor, so that she became personally acquainted with the conditions and attitudes of the administrative officials. All records were also first gone over by the supervisor, in order that she might know how adequate they were, and just

^(U) Copies of Interview Schedules and Interview Instructions are given in Appendix C.

what information could be obtained from them. All of the investigations of the Carbon County infirmary were made by the supervisor.

All data secured in the study were immediately tabulated on large tabulation sheets,⁽¹⁾ and were later summarized and interpreted by the supervisor. Every effort possible has been made to make the study scientific, objective, and accurate, and to reduce the errors of inexperienced workers, and of a large and ever changing working group to a minimum. If there are any misstatements or inaccuracies of data in this report, they are not known to the writer.

⁽¹⁾ Copy of Tabulation sheet given in Appendix D.

MEDIEVAL PERIOD:

Although used many centuries ago, the "poorhouse" was not the original method by which people cared for the indigent aged or other dependent classes. Previous to the "institution" period, during the early Middle Ages and the period of feudalism, there was comparatively little need of public relief. The mass of the people were serfs, and the Lords held full power over and responsibility of them. The population of the feudal estate was extremely static, and each small community shared in each other's good and bad fortune. There were no agencies of relief and those cases of poverty which existed were met by a spirit of neighborliness and mutual aid.

With the gradual decay of feudalism, poverty became more acute, and the small, closely organized communities broke up. There took place both economic and social disorganization; there was an increased mobility among the people; and a breaking down of the narrow local attitudes of suspicion and hate of all strangers and out-groups. It became evident that the change in type of community necessitated a new means of caring for the dependent. Consequently the church assumed the responsibility of collecting tithes for charity and of distributing alms among the poor. Originally, all such

charity was given to people in their homes or on the streets, but, as the victory of Christianity became more wide-spread and more secure, the enthusiasm of charity expressed itself in the erection of institutions called hospitals or Xenodochia. Some of these institutions were very wealthy, and before the Reformation there were as many as 460 in England alone. One author has spoken of these charitable institutions as being nothing more than "endowed ecclesiastical almshouses"⁽¹⁾.

These hospitals received the sick, aged and poverty-stricken, orphans, widows, insane, and travelers. They were located near the routes of travel so that they might be accessible to the greatest number of people. In fact, many of them became places of entertainment for travelers. Admission of persons was poorly regulated. One might gain entrance by means of one of four ways - by the will of the patron, by the discretion of the warden, by the will of the founder, or by the consent of the inmates whose future companion the applicant would be. Admission was generally free, or, if the applicant had property, he would have to sacrifice it; or, were he a traveler, noble, etc., he would be charged a fee.

There was very little discipline of the inmates.

⁽¹⁾ Henderson, C. R. - Modern Methods of Charity, p. 106

There were even no provisions made for the segregation of the sexes among the inmates, and the diseased were mixed with the healthy. If rules were broken, various punishments were given, some of which were physically painful, and many of which were perhaps too severe; for example, - flogging, fasting, fines, stocks, suspension and expulsion. But ordinarily strict discipline was not maintained. All inmates were forced to do some work about the institution.

Very little concern was given to the physical care of the people in the hospital. "It was an ecclesiastical institution of the relief of the body where possible, but preeminently for the refreshment of the soul."⁽¹⁾ The daily life was essentially religious, and very little emphasis was put on the care of the body. There were three menus for meals: one provided for the every day meal, one for religious festivals, and one for casual visitors. Lighting was by means of candle, and heating by wood. The inmates slept on pallets of straw. There were three different sets of clothing provided, depending upon the individuals' social status; one for the officials or staff members, one for the almsmen, and one for the lepers. There was no general sanitation of the institution.

The financial support of these early almshouses came largely from the church tithes or gifts or endow-

⁽¹⁾ Queen, S. Q. - Social Work in the Light of History, p. 250.

ments from rich persons. However, some aid was received from admission fees, alms from pilgrims, and from other contributions such as food, clothing, etc. In return for these gifts, the inmates were required to say prayers for their benefactors several times a day.

As the middle ages neared their end, these medieval hospitals had spread all over Europe. They were not only sponsored by the church but also by merchant guilds and private charity. The spread of leprosy throughout Europe gave an added impetus to the growth in numbers of these institutions. Along with the inefficient management of many of the Xenodochia, there was the indiscriminate and wide-spread giving of alms by the monasteries to all persons who seemed needy, which two factors created a "pauper class" and encouraged begging in general throughout England. The principle aim in giving was to win the approval of God and to save the soul of the giver; it was not to cure or lessen poverty. These, in addition to the abuse of the privileges of these institutions, the inefficient administration and lack of centralized supervision, and the failure to serve the proposed need, contributed to the decline of the medieval hospital and to the beginning of specialized institutions and of centralized governmental supervision and control.

REPRESSION PERIOD:

The first interference by government in the matter of the poor and its relief occurred in connection with the laws passed during the fourteenth and fifteenth centuries which attempted to fix the wages of laborers and to prevent them from moving from town to town in search of higher pay. These laws included necessarily repressive measures against all vagrancy and included all indigents who lived by means of alms. Provision was made for those beggars that were unable to work in as much as they were required to remain in their native town or city, and that city, it was supposed, would assume the responsibility of their care.

With the dissolution of the Monasteries by Henry the VIII, vagrancy tended to increase greatly and stricter laws were enacted which necessitated a more clearly defined difference between "vagrants" and "impotent poor". It was at this time also that the hospitals, etc., began to decline and many persons once able to find relief were left with no place in which to live or eat. It was necessary that some provision be made for them. The Act of 1531 provided that the Justices of the Peace should give those impotent poor "as

could go begging" licenses which allowed begging within certain prescribed areas. If these people indulged in begging outside these limits or without licenses, they were to be whipped.

It was not until 1536 or 1537 that more positive relief measures were made. At this time it was provided that voluntary alms for the support of the poor were to be collected from every parish on each Sunday of every year so that "the poor, impotent sick and diseased people, being not able to work, may be provided, helped and relieved, and that such as be lusty, having their limbs strong enough to labor, may be daily kept in continual labor". An account was to be kept of all the money so collected and of the distribution of the funds. Although the legislation up to this time continued to recognize the Church as the agency of relief, there was a definite trend toward supervision and regulation of relief by the state. In 1547, Henry VIII gave the hospitals of St. Bartholomew, and of Bethlehem to the mayor and citizens of London. Most of the hospitals throughout England that had previously done good work, and were of real value, were turned over to the municipal authorities. In 1569 all the poor of London were ordered taken from the streets and put in its four institutions. Similar action was taken in other towns.

Before 1540 the medieval hospitals were being re-

placed by almshouses maintained by the churches, guilds, and private endowment. As early as 1547 England passed a law requiring that local authorities provide "tenant-ries, cottages, and other convenient houses for the lodging of the impotent", but the first public almshouse under the authorization of national legislation was established in the time of Elizabeth.

ENGLISH POOR-LAW PERIOD:

It soon became evident that the problem of relief in England was becoming much too large for the Church to handle, and that voluntary almsgiving could not be relied upon to provide the full financial fund necessary to care for the poor and otherwise dependent classes. Therefore, in 1572, the Justices of the English parishes were authorized to assess directly for poor relief and to appoint overseers to take charge of the entire problem.

Houses of correction and workhouses were provided for those able-bodied persons who refused to work. Begging under all circumstances was forbidden. Many private individuals established almshouses. Ashley says: "As everyone knows who has explored the out of the way corners of the older English towns the foundation of almshouses was a favorite form of charity in the Elizabethan age, from the couple of little houses built by a wealthy citizen, up to the hospital or measondieu established

by a great nobleman like the Earl of Leicester"⁽¹⁾.

The poor law of 1601 divided the dependent into three classes: the able-bodied, those unable to work, and children. Work was to be given the able-bodied persons; relief was to be given those unable to work. Maintenance in almshouses was the only type of relief commended; and children were to be cared for by a procedure of apprenticing them out until they became adults. A tax was to be levied to finance the new system of relief, which was to be collected and disbursed by appointed overseers of the poor.

This law and that of 1834 in England complete this period. With the law of 1834 the workhouses and the almshouses were instituted as the fundamental agencies of public relief, and the whole system was made nationwide rather than restricted to parishes as independent centers of relief administration. The responsibility of caring for society's dependent classes was clearly recognized as a public one, and the new law attempted to improve the conditions of the institutional relief by means of public supervision and regulation.

Although there had been made advancements in the details of England's system of relief, it was the system provided for in the English Poor Laws that became the relief system of America, and it was a long time before

⁽¹⁾ Ashley - Economic History, Vol. II, p. 364.

America improved upon or changed the English system of the seventeenth and early nineteenth centuries.

MODERN PERIOD DEVELOPMENT IN THE UNITED STATES:

As was true of most of our early social institutions, and as has been mentioned, the poorhouse system of relief was inherited from England and put into use by the United States with very little, if any, change. The almshouse became the fundamental institution of American poor-relief and for a long time it was the only means of caring for the poor, there being no public out-door relief. The English idea of a workhouse was put into use after the almshouse had become well established. One finds that many of the early poor laws of the first states were almost identical with the English Poor Laws.

Philadelphia had the first almshouse in America, and from there the institution spread generally over the New England states and later into the southern colonies. During this period of development two different systems of administration grew up. The town system characteristic of the New England states and the county system characteristic of the southern states and initiated by Virginia. As the movement spread westward most of the western states instituted the county system. Many of the younger states copied directly the poor laws of the older states and often provided for almshouses long be-

fore the communities experienced any need for them. When it did become necessary to care for a few dependent persons, the community usually bought a farm and old farmhouse, remodeled it, and used it as an almshouse.

There was some variability as to the operation of the almshouses in the different states. In many states, when the county or town did not have sufficient funds or need to buy a farm or to build an institution, it became the custom to "let out" the care of the poor to the "lowest and best bidder". After an individual had received his contract for the care of the poor, he had almost complete freedom of the type and adequacy of care they received. Very often the indigents were "let out" to work for other people who would pay the original bidder for the privilege of using their labor. Generally speaking, such a system led to grave abuses, and in time proved to be most inadequate and inefficient.

Another system which developed was that known as the "contract system", quite extensively used throughout the South even as late as 1929. Under this type of operation the county or town owned a poor farm, but did not wish to pay a superintendent for its administration. Therefore, the poor farm was leased to the lowest bidder, who, having received the contract, was allowed to have all of the profits from the farm in return for caring for the inmates of the almshouse. This system also allowed for serious abuses. The lessee of the poor farm became most concerned

in making money from the farm, and consequently he forced the inmates to work for him, cut down on expenditures for food, clothing, heating, etc., and gave extremely little attention to the well-being of the inmates.

The third system, which is now most frequently used, was that of direct management by county or municipal officials, whereby the almshouse was run by the public officials; a paid superintendent was appointed to manage the institution and to care for the inmates; and the profits of the farms belonged to the institution.

The development of the types of institutions provided as almshouses almost parallels the development of the types of operation. First, there were no public institutions and the indigent were cared for in the private homes of members of the community who had succeeded in placing with the public authorities the most favorable bids. After the towns grew in size and the problem of relief increased in importance, the "poor farm" came into existence and the almshouse institution was a farm house. Following this period there arose "institutions" which were built especially for the care of the indigent of the county or town. They were usually large, beautifully built structures to which any community could "point with pride". However, their beauty and usefulness went no further than the outside; they were usually poorly

planned and inadequately equipped. They permitted very little segregation of sexes or diseased patients, and made individualized treatment of the inmates practically impossible.

The most recent trend in institutional care is the cottage plan, now used in parts of California. This type of building provides for a careful classification of the inmates as to sex, health, disposition, color, etc., and also aids in the achieving of individualized treatment. It makes it possible to allow old couples to spend their lives together in a private cottage, and attempts to make the poorhouse as much like real life and society as possible.

The standards and policies of the early almshouses were very low. The following legislative committee report taken from New York public records in 1735 states the public attitude and policy toward the problem at that date. (This policy was not changed until 1856.)

The public officials were:

"Instructed to have an able and efficient person for the home of correction. That he be a person who understands the Duty, thereof, capable to set the Poor to Work and to correct the contemacious and such other Persons as shall be from time to time committed to the house of correction."

"To consider what Stock is needful, and what manufactures will be most convenient to employ the Poor upon. Such as carding, knitting, spinning, dressing Hemp or Flax, Picking

oakum, or other labor, that such Poor as are able to work may not eat the Bread of Sloth and Idleness and be a Burthen to the Publick."

The Committee recommended that:

"The poorhouse harbor the poor, bastered children, beggars, ranaway servants, slaves, trespassers, rogues, vagabonds, disorderly persons, and poor people unwilling to work."

"Refusal to work should be corrected by moderate whipping.

"The Parish Children sent to the poorhouse should be religiously educated and taught to read, write, and cast accounts and employed in spinning of wool, thread, knitting, sewing, or other labor most suitable to their genius in order to qualify them to be put out apprentices and to services for their future livelihood.

"The inhabitants should have free liberty and license to send to the house unruly and ungovernable servants and slaves to be kept at hard labor and punished according to the directions of any one Justice with the consent of the master or mistress of such servant or slave. But the master and mistress of such servant or slave should pay a fee to the master of the house for entrance, and one shilling for whipping or other punishment.

"In order to correct the contemacious and punish the incorrigible and disorderly Persons committed, fitters, gives, shackles, and in a convenient place a whipping post should be provided."⁽¹⁾

The Second Annual Report of the Governors of the Almshouse of New York for the year 1850, although one hundred and fifteen years after the extract just quoted, contains this statement:

"On visiting in Almshouse at Bellevue, the colored children were found collected in a cellar under the care of a man of intemperate habits,

⁽¹⁾Quoted by Abelow, S. P. - The Poorhouse Before the Revolution. Survey 24, July 16, 1910.

who was also at intervals deranged. At other times they were crowded together with degraded adults, in a miserable building but illy adapted to promote health, comfort, or enjoyment. Under these circumstances the Managers selected seven of these, for whom they provided a happy home, but most of them were subsequently found to be incurable diseased."

These examples make evident the conditions which existed in the early almshouses and the attitude of the community toward the purpose and function of the institutions which were characteristic not only of New York but of all states. In fact, the almshouse system permitted more serious abuses of the inmates than has been brought out. One would expect that such conditions would not last, and that public condemnation would censor them severely if they were known. However, regardless of slight improvements in the administration of the almshouse system, in 1929, the U. S. Bureau of Labor Statistics published a study of almshouses in the 48 states of the Union and found it necessary to report:

"Many of the houses were dangerous fire-traps. Conditions of extreme filth and the grossest neglect were discovered. Moral conditions were often very bad. Generally the diseased mingled freely with the well inmates. No restraint was exercised, and inmates were free to leave when so inclined even though a menace to society because of disease or mental condition.

"The inmates included children, hospital cases, feeble-minded, insane, deaf and dumb, and blind, as well as able-bodied and mentally capable paupers."

In our own state of Utah there exist conditions in the Carbon County almshouse which properly characterizes the earliest period of the contract system and which one would believe impossible of existence in 1935.

Ever since 1920, there has been a growing consciousness of the fact that the almshouse or institution system of relief of the indigent poor is inadequate, expensive, inefficient, and socially harmful; that it has definitely failed to serve its purpose; and that society is obligated to provide a different means of relief for old age poverty.

As a result of this new social interest and attitude there has been provided a scheme of Old Age Pensions whereby the indigent aged may receive care. Since 1929 this new plan of out-door relief has been put into effect by most of the states of the Union, and the almshouse is gradually disappearing. For example: Massachusetts had 211 almshouses in 1902, 144 in 1924, and 121 in 1930; Virginia had 100 city almshouses in 1908, 91 in 1923, and only 34 in 1929; Utah had 7 in 1924, and only 4 in 1934. Each of these states reports that it is turning to Old Age Pensions and other types of out-door relief.

In addition to the Old Age Pension there are being developed carefully administered methods of placing the sick and infirm indigent aged in foster homes previously

approved by a social service agency, and an extension of public hospitalization to those indigents who need medical care.

There is no doubt but that institutional care of the indigent aged is becoming a thing of the past and that society is progressing toward a more scientific and socially just system of old age relief.

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DETAILED STATE OF THE INSTITUTIONAL CARE
OF THE INDIGENT AGED IN THE

PART II.

STATE LAWS AND PROVISIONS FOR THE CARE

OF THE INDIGENT AGED.

The State Laws of Utah make provision for the care of indigents the responsibility of each county of the State and place direct responsibility on the Board of County Commissioners. The most important laws are:

PART III.

19-5-33. It is the duty of each county of this

DETAILED STUDY OF THE INSTITUTIONAL CARE

OF THE INDIGENT AGED IN UTAH.

sick, and dependent poor, who live within or without the corporate limits of incorporated cities or towns, to provide in order for them all such quarantine rules and regulations as may be therein prescribed and in their discretion they may erect, acquire, and maintain workhouses, almshouses, or other institutions as may be necessary to provide for the same and for such purposes levy the necessary tax.

How? Expenditure made from a different source - money or from within the State are not expended, and the county officers to provide for the same as herein prescribed and relief is given by a city, the latter may remove from the county.

CHAPTER I.

STATE LAWS AND PROVISIONS FOR THE CARE
OF THE INDIGENT AGED.

The State Laws of Utah make provision for the care of indigents the responsibility of each county of the state and place direct responsibility on the Board of County Commissioners.⁽¹⁾ The most important laws are:

19-5-55. It is hereby made the duty of each board of county commissioners to provide such care, maintainance and relief for the indigent, sick, and dependent poor, whether found within or without the corporated limits of incorporated cities or towns, to observe in caring for them all such quarantine rules and regulations as may be therein prescribed; and in their discretion they may erect, officer, and maintain such hospitals, poorhouses, or other institutions as may be necessary to provide for the same; and for such purposes levy the necessary tax.

Note: Nonresident paupers from a different county or from without the state are not excluded, and if a county refuses to perform the duties as herein prescribed and relief is given by a city, the latter may recover from the county.

⁽¹⁾ Complete State Laws on this subject are included in Appendix.

19-5-58 Authorizes counties to provide poor farms, infirmaries, or poorhouses.

19-5-61 Makes it the duty of the county to provide relief to transient sick or burial expenses when necessary.

19-5-62 Authorizes the board of county commissioners, if they deem it necessary and expedient so to do, to assess and levy a tax not exceeding one mill on the dollar for the care of indigents, county hospitals, infirmaries, etc., and the salary of county physician and superintendent of hospitals and infirmaries.

It will be noticed that there is no provision for a centralized state supervisory body which could regulate and investigate county relief procedures. It is also evident that the degree of relief given and the standards of administration and efficiency will vary greatly from county to county depending on the amount of money in the poor fund, the supply of efficient and trained workers, the social attitudes of the communities making up the individual counties, the extent of urbanization within the county, and the strength and extent of religious charity carried on in the different counties.

The erection of infirmaries or poorhouses is not mandatory and for many years many counties did not build institutions for relief purposes at all. Some few coun-

ties have never had an infirmary, and many of those which at one time did maintain infirmaries have abandoned them entirely and have turned to out-door relief, Old Age Pensions, and the use of foster homes for those persons who are unable to support themselves or care for themselves because of mental or physical disability. In 1924, there were reported to the United States Labor Bureau seven infirmaries in the state; in 1934 and 1935 there are only four institutions remaining. Since the passage of the Old Age Pension law, most counties have found that infirmaries, functioning as poorhouses, have outlived their usefulness.

Even state law is beginning to reflect the change in social theory and attitudes so evident in the last five years. The leaving of the poorhouse and all of its inefficiencies and social ignorance behind and looking to old age security plans is a definite step forward. There are still needed equality and uniformity of standards of relief. This can be achieved only by means of some central directing agency such as a state commission or a department of Public Welfare.

As the situation is today, the indigent aged of one county will be comparatively well cared for, while those of another county suffer actual abuses. One county will have a well equipped institution, a comparatively efficient and large number of employes and the best of medical assistance, while another county has a wooden shack,

no electric lights or running water, no medical service, and no employes other than a most inefficient and untrained matron.

There is no age limit placed upon the individuals who may enter an infirmary; there are no required social investigations of applications; there are no required medical examinations of all inmates before or after admission; and there is no specified standard of equipment of institutions or professional training of infirmary employes.

It is evident that Utah State Laws are inadequate and must be changed to meet problems of this type. The following discussion of policies and standards of county infirmary administration and of the type of person in the infirmary will give some understanding of conditions as they are and how they might best be changed.

CHAPTER II.

ANALYSIS OF ADMINISTRATIVE POLICIES AND STANDARDS OF SALT LAKE, WEBER, AND UTAH COUNTY INFIRMARIES.

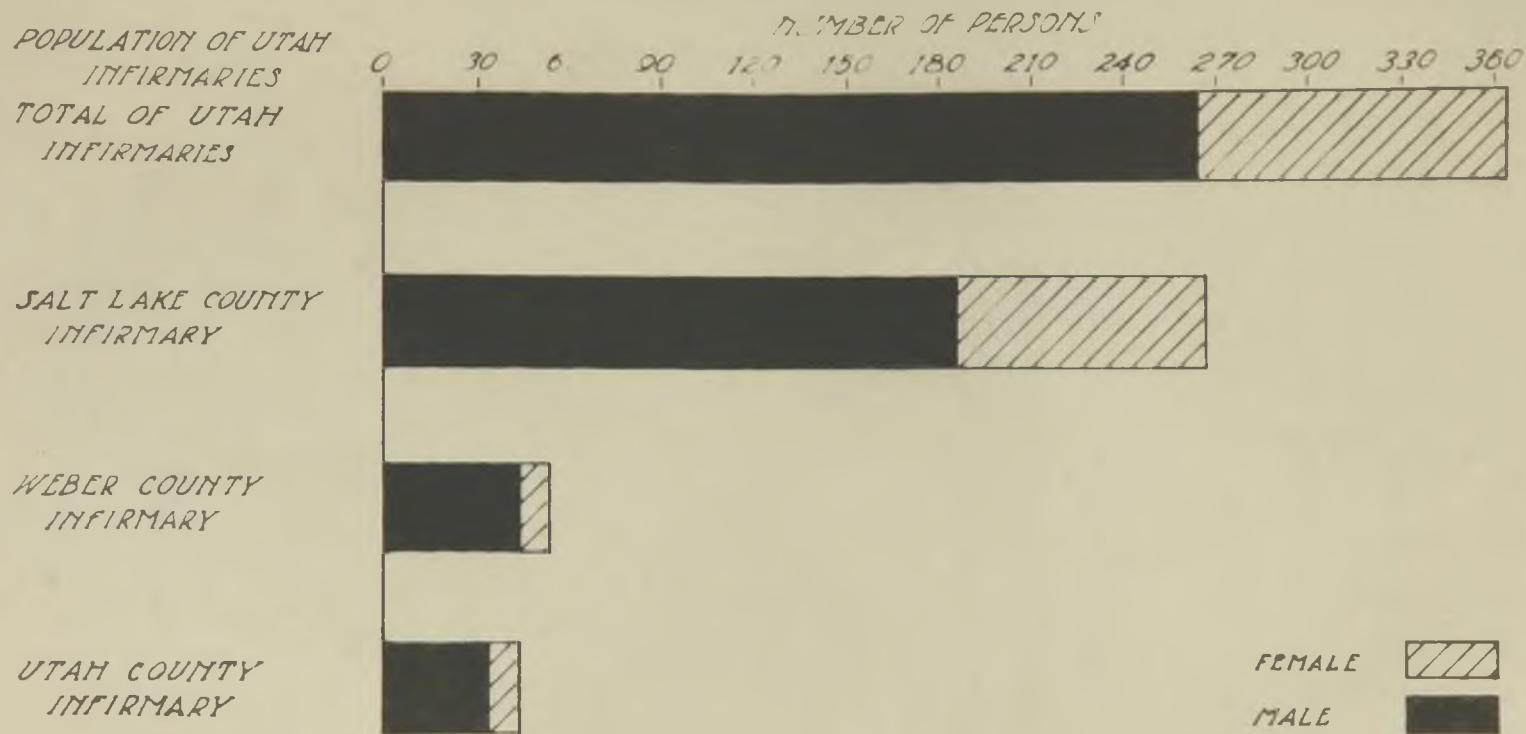
At the present time, there are four County infirmaries in Utah. One in Salt Lake City, Salt Lake County, one in Ogden, Weber County, one in Provo, Utah County, and one in Price, Carbon County. The type of institution represented varies greatly according to the county by which it is maintained. The Salt Lake County infirmary is unique in Utah; it is maintained as a part of the Salt Lake County hospital and is under the close supervision of trained social workers, a skilled staff of physicians, and a comparatively efficient staff of employees. Weber and Utah County infirmaries represent rural counties and are quite similar; they do not function in connection with a county hospital; they are not supervised by social workers, and their employees are very much limited as to training and number. These three institutions have kept complete and accurate enough records of their expenditures and inmates to make the data concerning their administration comparable, and, for the purpose of this study, these three county infirmaries will be studied comparatively as illustrating the policies and standards of institutional relief in Utah.

The Carbon County institution, at Price, can hardly be called either an infirmary or an almshouse. It is a county owned home in which a woman and her family live free of charge in return for her services as Matron of the institution. The inmates, when there are any, live in a crudely improvised wooden cabin in the back yard. The records kept by the Matron are extremely inaccurate and unreliable. The conditions of this poorhouse are by far the worst in the state and are of such a nature that I have given special attention to them and have not included the Carbon County institution and its one inmate in any of my statistical data or descriptive survey of Utah infirmaries and their inmate population.

The total infirmary population of Utah is 364, 100 or 27.5% of which are women and 264, or 72.5% of which are men. Salt Lake County infirmary has a total population of 267 inmates, or 73.3% of the total infirmary population of the state. Weber County has a total population of 53 inmates, or 14.6% of the total infirmary population. Utah County has a total population of 44, or 12.1% of the total. Table (1).

TABLE (1) - INFIRMARY POPULATION OF UTAH AS OF
DECEMBER, 1934.

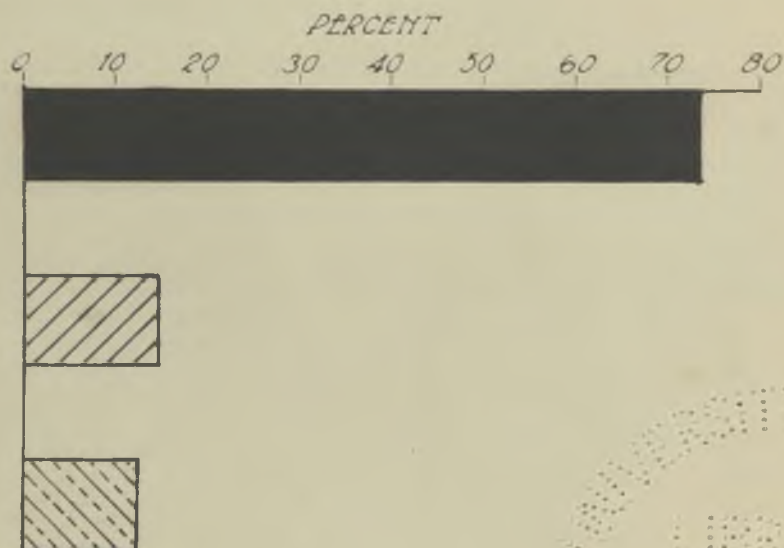
	Male	Female	Total	Percent of total pop.
Salt Lake County infirmary	186	81	267	73.3
Weber " "	44	9	53	14.6
Utah " "	34	10	44	12.1
Total	264	100	364	100.0



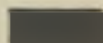
TOTAL POPULATION OF SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES

SOURCE - RESEARCH
DECEMBER, 1934

PERCENT DISTRIBUTION
 OF
 TOTAL INFIRMARY POPULATION (364)
 SALT LAKE, WEBER AND UTAH COUNTY
 INFIRMARIES



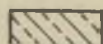
SALT LAKE COUNTY



WEBER COUNTY



UTAH COUNTY



SOURCE-RESEARCH
 DECEMBER, 1934

There has been a gradual but steady annual increase in the population of each of these institutions. As shown in Table II, in 1922 the population of Salt Lake County infirmary was 130, in 1934 it has increased to 267; in 1913, Weber County infirmary had 20 inmates, in 1922 it had 33, and in 1934 an increase to 53 is noted. Utah County infirmary's population in 1922 was 33 inmates, and in 1934 was 44.

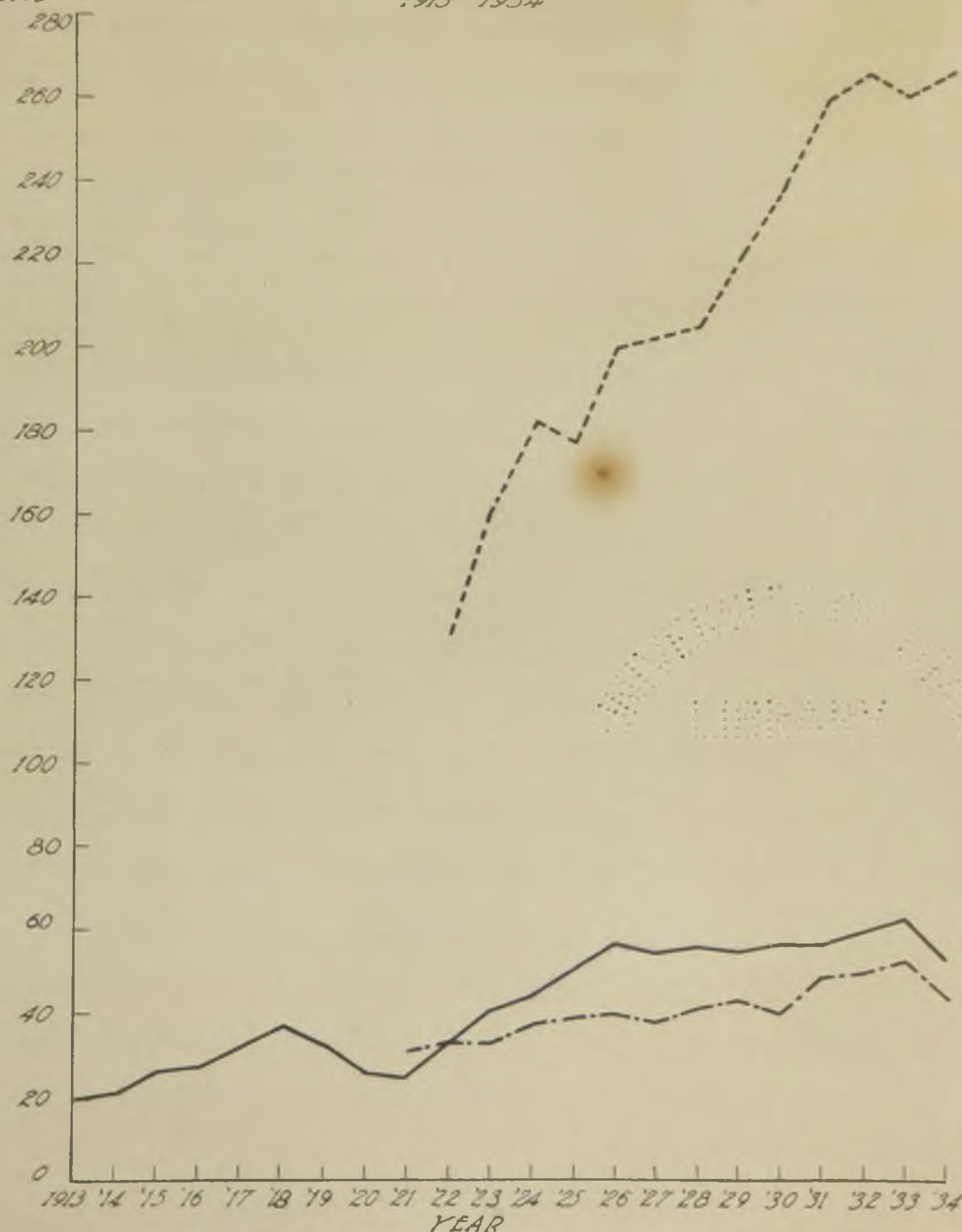
TABLE II - POPULATION OF SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES FROM 1913 TO 1934, INCLUSIVE, AS REPORTED ON JANUARY 1ST OF EACH YEAR.

Years	Number of Inmates		
	S.L.Co.inf.	Weber Co.inf.	Utah Co.inf.
1913	-	20	-
1914	-	21	-
1915	-	26	-
1916	-	27	-
1917	-	32	-
1918	-	37	-
1919	-	33	-
1920	-	26	-
1921	-	25	31
1922	130	33	33
1923	162	41	33
1924	183	44	37
1925	178	51	39
1926	201	57	40
1927	-	55	38
1928	206	56	41
1929	223	55	43
1930	240	57	40
1931	261	57	49
1932	267	60	50
1933	262	63	53
1934	267	53	44

TREND OF POPULATION IN

SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES
1913-1934

PERSONS



SALT LAKE CO. INFIRMARY -----

UTAH CO. INFIRMARY

WEBER CO. INFIRMARY —————

SOURCE - RESEARCH

The period of maximum increase is that of 1929-1934 which might be accounted for by the economic depression of these years. In fact, one is surprised that the county infirmaries have not had to shoulder an even greater burden. If it were not that the Old Age Pension was put into active use in 1929, the population increase in Utah infirmaries probably would be many times larger. As it is, the usual infirmary inmate is that person who has no personal property, few living relatives, who is physically or mentally incapable of employment, and who cannot meet the residence and other specified requirements of the Old Age Pension.

Paralleling this increase in population each county infirmary has suffered a decrease in annual cash receipts per inmate. These cash receipts include any income of the institution other than public appropriations, and would be received from inmates for whose care either other counties, relative or friends pay, from sale of farm produce (Weber and Utah County infirmaries have farms), or from sale of equipment or property. It will be noticed that the annual per capita receipts of Weber and Utah County infirmaries are much higher than those of the Salt Lake County infirmary. Table III.

TABLE III - YEARLY PER CAPITA RECEIPTS FROM 1916-33
OF SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES.

Year	Cash Receipts		
	Salt Lake Co.Inf.	Weber Co.Inf.	Utah Co.Inf.
1916	\$ - - -	\$ 25.14	\$ - - -
1917	- - -	57.79	- - -
1918	- - -	67.83	- - -
1919	- - -	51.72	- - -
1920	- - -	1* 142.46	- - -
1921	- - -	50.78	- - -
1922	36.53	39.52	- - -
1923	44.51	36.67	82.82
1924	47.60	72.72	66.91
1925	55.60	2* 106.81	46.34
1926	33.93	86.95	65.39
1927	- - -	98.81	86.88
1928	25.31	93.88	59.24
1929	20.26	92.94	3* 124.07
1930	17.38	63.54	4* 152.67
1931	9.40	52.67	66.18
1932	6.88	44.39	65.13
1933	5.68	30.15	56.88

1* \$3704.38 in receipts from farm.

2* \$4547.53 from paying patients alone and \$900.00 from farm receipts.

3* \$1650.26 from farm receipts.

4* \$3586.00 from farm receipts.

A large percentage of this difference can be explained by the lack of any farm land owned by the Salt Lake County infirmmary. Weber County infirmmary has an eighty acre farm from which a good proportion of the institution's needs and expenses are met. Utah County has a farm of eight acres which did not give any income in 1933, but which has given as much as \$1650.26 (1929) and \$3586.00 (1930) either from the sale of produce, property or equipment. Table IV.

TOTAL CASH RECEIPTS PER CAPITA PER YEAR
OF
UTAH INFIRMARIES- 1916 - 1933

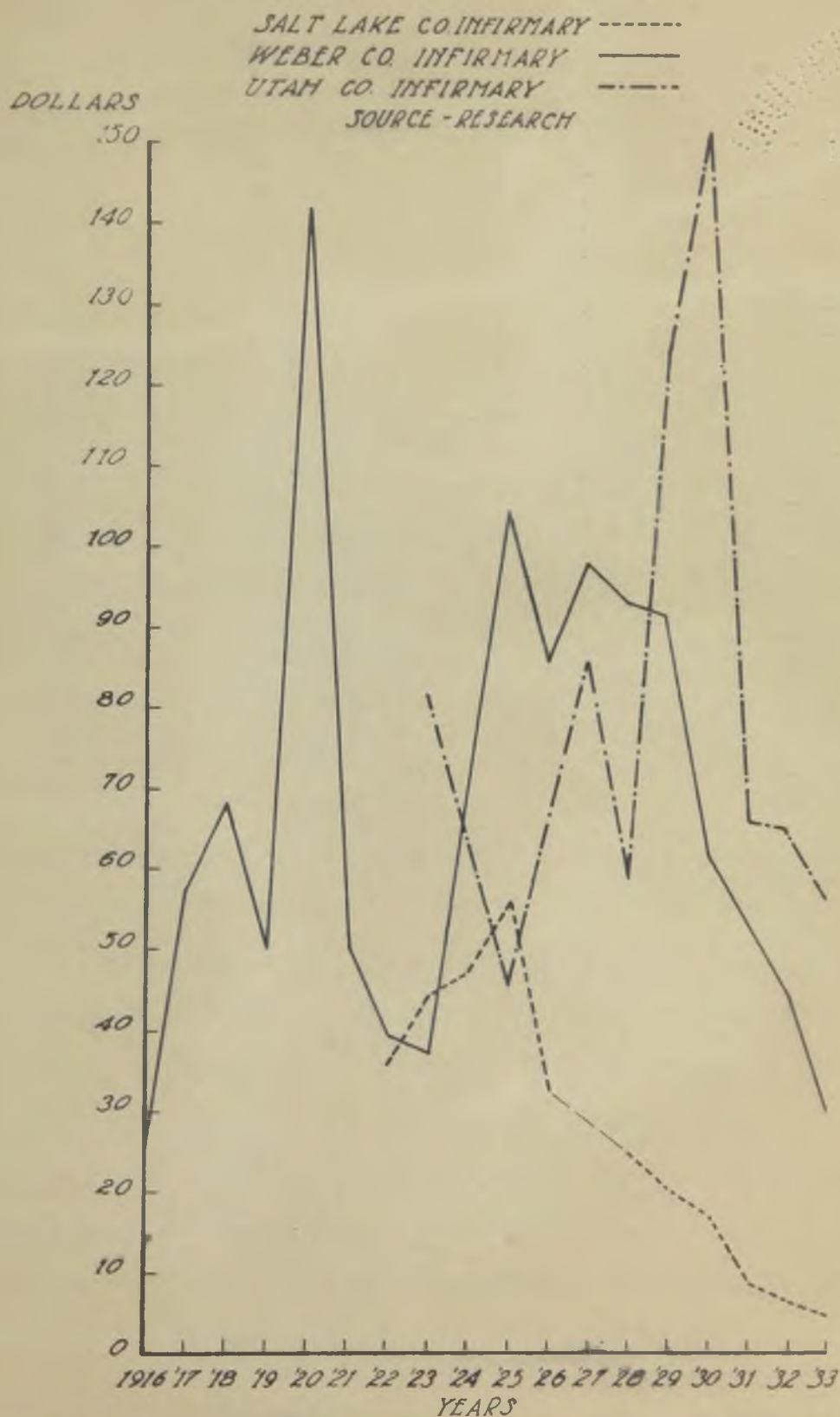


TABLE IV - ANNUAL RECEIPTS FROM FARMS OWNED BY
WEBER AND UTAH COUNTY INFIRMARIES.

Year	Dollars Received Annually	
	Weber Co. Inf.	Utah Co. Inf.
1913	\$ 1,830.03	\$ - - -
1914	1,333.47	- - -
1915	197.69	- - -
1916	678.89	- - -
1917	1,847.01	- - -
1918	2,510.00	- - -
1919	1,706.96	- - -
1920	3,704.38	- - -
1921	328.35	- - -
1922	426.82	- - -
1923	187.22	1,505.70
1924	- - -	311.69
1925	900.00	187.76
1926	600.00	- - -
1927	300.00	34.00
1928	5,257.75	137.00
1929	561.99	1,650.26
1930	420.29	3,586.00
1931	256.14	- - -
1932	426.80	99.75
1933	3,875.00	- - -

These same figures will show that the cash receipts have declined rapidly in both those infirmaries owning farms and those not owning farms. Those institutions owning farms have been and will continue to receive a smaller monetary return from them because of the change in the type of population for which they now care. In earlier years, there were allowed in infirmaries a large number of persons who were able-bodied and employable; these persons shouldered the major responsibilities of farming the land. Without such a source of labor

supply, the net returns from the farms are sure to decrease. The available labor supply in infirmaries now is quite different from that found in the earlier part of the 20th century. In the past few years there have been relatively few, if any, inmates who could do actual labor, and consequently the farm has lost much of its value as an additional source of income to the institution.

Other sources of cash receipts have diminished also, Counties which do not have infirmaries hesitate to pay another county from thirty to thirty five dollars a month to care for its indigent aged if there is any possible way to care for them more economically in their own county.⁽¹⁾ The inmates themselves have no possible means of paying board and room and their total property, which goes to the county, is of a negligible value. It is also true that the relatives of infirmary inmates are less able to pay for their people's care than they were six or seven years ago.

With an increase in population and a decrease in cash receipts per inmate, to retain a constant standard of adequate care, the county unit must assume a greater share of the financing of the institution, or the institution is forced to lower its standards and carry on the same functions with considerably less money. The monthly per capita

⁽¹⁾ Weber County infirmary cares for several residents of Box Elder and Davis Counties at a cost of \$30.00 a month.

cost of Salt Lake, Weber and Utah County infirmaries has decreased considerably between 1928 and 1933. During these years, the number of inmates was fairly constant, yet the monthly per capita cost drops in Salt Lake County infirmary from \$27.41 in 1928 to \$13.50 in 1933; in Weber County infirmary it drops from \$24.99 in 1928 to \$17.03 in 1933; in Utah County infirmary it drops from \$14.06 in 1928 to \$12.78 in 1933. Table V.

TABLE V - AVERAGE TOTAL COST PER MONTH PER INMATE
IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES.

Year	Dollars Cost per Month Per Inmate		
	Salt Lake Co.inf.	Weber Co.inf.	Utah Co.inf.
1913	\$ - - -	\$ 23.38	\$ - - -
1914	- - -	27.11	- - -
1915	- - -	20.09	- - -
1916	- - -	20.11	- - -
1917	- - -	25.90	- - -
1918	- - -	20.28	- - -
1919	- - -	19.16	- - -
1920	- - -	30.53	- - -
1921	- - -	31.77	- - -
1922	- - -	25.10	- - -
1923	- - -	31.40	15.32
1924	- - -	27.84	12.80
1925	- - -	26.60	13.64
1926	27.65	23.19	11.08
1927	- - -	22.07	14.04
1928	27.41	24.99	14.06
1929	25.59	23.03	13.89
1930	26.15	21.69	15.13
1931	18.89	18.19	13.49
1932	16.12	18.00	13.78
1933	13.50	17.03	12.78

During these same years, it is interesting to note that the amount of money expended for salaries has remained surprisingly constant.

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COMPARATIVE AVERAGE TOTAL COST PER MONTH PER INMATE IN THE SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES

SOURCE-RESEARCH
DECEMBER 1934

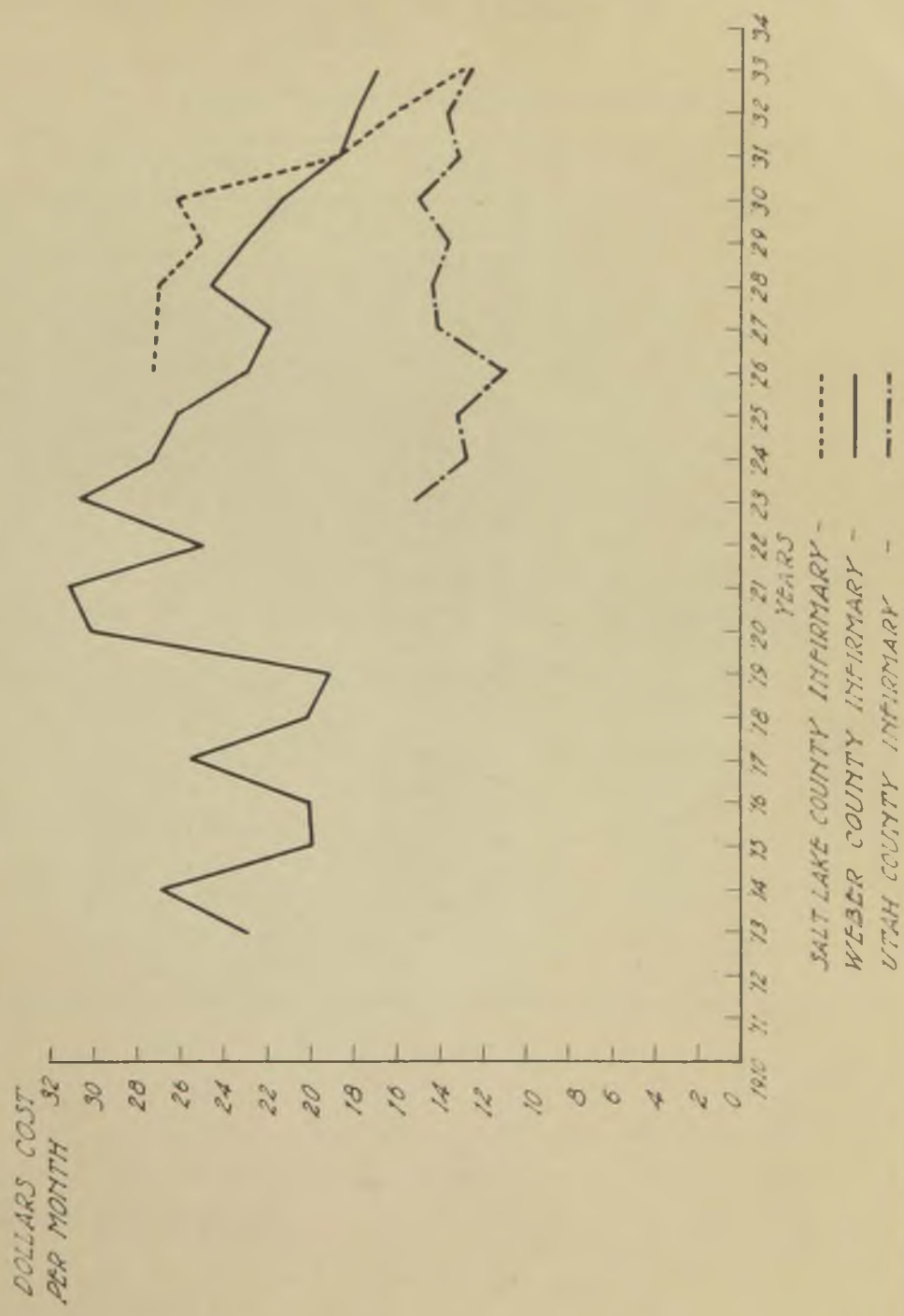


TABLE VI - ANNUAL EXPENDITURES FOR SALT LAKE, WEBER
AND UTAH COUNTY INFIRMARIES FOR SALARIES OF
EMPLOYEES

Years	Annual Expenditures on Salaries		
	Salt Lake	Weber	Utah
1913	\$ - - -	\$ 3,651.00	\$ - - -
1914	- - -	3,531.00	- - -
1915	- - -	3,250.00	- - -
1916	- - -	3,254.00	- - -
1917	- - -	3,440.90	- - -
1918	- - -	3,718.06	- - -
1919	- - -	4,018.10	- - -
1920	- - -	3,517.30	- - -
1921	- - -	3,462.76	- - -
1922	- - -	3,530.29	- - -
1923	- - -	3,993.81	4,357.29
1924	- - -	3,941.25	3,212.67
1925	- - -	4,151.00	3,005.00
1926	- - -	4,185.50	3,029.75
1927	- - -	3,697.50	3,660.00
1928	- - -	5,100.03	3,983.00
1929	18,431.02	5,889.00	3,979.15
1930	18,781.98	5,488.77	4,340.50
1931	18,414.70	5,166.00	4,705.00
1932	17,159.25	5,103.49	4,835.00
1933	16,696.92	4,745.90	4,804.62
1934	- - -	- - -	4,480.00

From such a survey of the general background and financial resources of the four county infirmaries of Utah, one is prepared to find considerable variation as to policies and standards of administration. It is also evident that these infirmaries are finding it necessary to carry on their usual functions and services for an increasing number of persons with a decreasing amount of finances. The fact that the Salt Lake County infirmary is situated in an urban community and the other infirmaries in rural communities implies that each have different problems to solve and that the administration and handling of these problems will vary with each infirmary. A detailed analysis of the administration of each of the four infirmaries will give a more comprehensive understanding of these differences, and will point out the efficiencies and inadequacies of the policies and standards of the various institutions.

SALT LAKE COUNTY INFIRMARY.

The administration of the Salt Lake County infirmary is the most carefully supervised and the most scientifically conducted of all of the Utah infirmaries. This would tend to be true due to the fact that it is a large well equipped institution, and is served by the Salt Lake County hospital physicians and the Salt Lake County hospital social service division. Being located in the urban

county of Utah and in the most densely populated city in Utah, its employes tend to be of better trained quality, and it has at its disposal sufficient money to hire a larger staff of employes and to equip its institution more completely.

This infirmary has a total working force of thirty-four persons as compared with nine and eight of Weber and Utah County infirmaries respectively. The superintendent of the Salt Lake infirmary is appointed to his position by the County Commission; the position usually changes with political party change. There are no required specific qualifications or training in order to be selected as superintendent. The applicant need only pass the approval of the County Commission. His duties are to supervise and direct all activities and expenditures of the infirmary. He has nothing to do with the admission of patients, but has complete authority to discharge any inmate he sees fit. He engages directly all employes excepting the matron, whom he recommends for selection to the County Commission. His salary is \$175.00 per month. The present superintendent has been in office since 1929. Previous to holding this position he had had no specific social service training or experience with the work connected with the institution. He had, however, been active in various phases of the social work of the Mormon Church.

The matron of the infirmary is recommended to the

County Commission by the superintendent. There are no particular qualifications she must present for selection; however, it is generally recommended that she have had some experience in practical nursing. Her salary is \$100.00 a month. Her duties are the supervision of the care of the patients and general secretarial work in the office under the direction of the superintendent. The present matron has been in office since 1929. She has had practical nursing experience, but is not a registered or graduate nurse. A great deal of credit must be given to her for the improved efficiency and general atmosphere of the infirmary.

The institution has no trained nurses, but does employ nine attendants: three men and six women, all of whom are of middle age. No strict regulation is made as to the professional training of the attendants other than that they are required to have had practical nursing experience. The salaries of the women attendants are \$60.00 per month; of the men from \$100.00 to \$90.00 a month. The duties of the attendants are to care for the inmates, and to maintain discipline and harmony among them. There must be at least one attendant on each floor at all hours of the day and night, so that any emergency, such as sickness, may be met immediately.

In addition to these employes, there are five cooks, a butcher, an engineer and his assistant, a gardener and

his assistant, three firemen, seven persons in the laundry, and a carpenter.

The medical needs of the patients are met very adequately since the infirmary functions as a part of the Salt Lake County hospital and is situated on the same two acres of property. The same medical staff serves the needs of the two institutions. The medical staff of the hospital appoints one of its members directly responsible for the medical attention given to the infirmary inmates. This physician makes at least three visits a week to the infirmary, and, when he is not on duty at the hospital, the internes or other doctors may be called to attend to any special needs of the inmates. The physician appointed to care for the infirmary patients receives no pay from the institution, but is paid some salary as a member of the County hospital medical staff. Besides having a regular physician, there is also employed a professional dietician who has charge of all diets for inmates who need special treatment. If any inmate becomes seriously ill, he or she is sent to the County hospital where he or she may be properly cared for.

The infirmary building was built in 1920. It is fire-proof and very well kept up. It is a large, three-story yellow brick "U"-shaped structure. It has five hundred and forty windows and thirty rooms to each floor. On each floor, there are nine wards holding from six to

eight beds, nine rooms holding from two to three beds, twelve private rooms, one of which is always unoccupied for emergency needs, and two sunrooms which serve as game rooms or reading rooms. There is a chapel which extends through the second and third floors; the lower floor being restricted to men and the upper floor restricted to women. Each floor has its own dining-room. On the main floor and basement there are the general offices, a small visiting or reading room, a dining-room, kitchen, laundry, supply rooms, lockers, dining-rooms and two padded cells. The cells are not generally in use, but inmates mentally unbalanced and violent may be and are placed in there until they become less violent or are transferred to the State Mental Hospital at Provo, Utah.

The rooms of the inmates are very sparingly furnished. There are no curtains, no rugs, and no running water in the rooms. Nor are there flowers or other decorations unless provided by the inmate. There are lavatories on each floor, but no provision made for having each room so equipped. The infirmary does provide for each person a bed, a standing metal locker, and a table. If a chair is desired, the inmate must provide his own. The furnishing of the private rooms and wards are identical.

The institution does provide all bedding and clothing for each inmate. However, when possible, the indi-

vidual or his family is encouraged to provide his own clothing. "Clothing", as provided by the infirmary, includes shoes, underwear, stockings, overalls or house-dresses.

Three meals are served a day: breakfast, lunch (the largest meal of the day), and a light supper in the evening. As much milk, eggs, meats, and vegetables are given as any inmate desires. Meals are served family style; one helps himself and may have all to eat he wishes. When a meal is ready to be served, an attendant blows a whistle and the inmates file into the dining-rooms, which are filled with long wooden tables and low benches.

In the administration of an infirmary there are obvious disciplinary problems to be met. The sexes are carefully segregated, even man and wife. The men are on the second floor and the women on the third. During the day those who wish to walk around may do so, but a close watch is kept on any mingling with sexes. A man and wife may spend the visiting hours of each day together. At all other times they must follow the same regulations as the other inmates. The diseased are separated into medical groups, those having the same diseases or types of illness being grouped together. Those inmates of different color are also grouped separately. It is difficult to make a perfectly harmonious and congenial group out of the infirmary inmates. Most of them are old, sick,

disillusioned and irritable; however, general speaking, the personnel of the institution has had remarkably little trouble, discharging only eight persons for misbehavior in six years.

The recreational opportunities are quite well taken care of. The Salt Lake City Public Library sends a visiting librarian around weekly and the inmates may have this reading material. There is a radio in the chapel which may be used on occasions. Every Sunday church services are held and four days out of each week programs are given in the chapel by various social and school organizations. From thirty to forty per cent of the inmates attend these programs. The sun-parlors serve as game rooms, and cards and other games are there for the use of the inmates. The outside ground of the infirmary and hospital is in lawn, flower gardens, and beautiful trees. The inmates do have some pleasure during good weather and cool evenings sitting under the trees on the lawn or walking around the gardens. Very few inmates have any spending money except for the small allowance given to those who do odd jobs around and for the few contributions made by the relatives of an inmate. All inmates are held responsible for the upkeep of their own rooms, and a few of them are able to help set the dining tables, to keep the halls and special rooms clean, etc. There are no organized social groups among the inmates;

no movies are given; there is no gymnasium, and the only physical exercise the inmates may have is that gotten doing a bit of work in their rooms or about the institution or that gotten by walking around the grounds.

Visitors are allowed from 2:00 to 4:00 and from 7:00 to 8:00 o'clock every day and evening. These hours are not strictly enforced, and the inmates are allowed to visit with relatives or friends when they desire, if they report to the Matron where and with whom they are going and when they will return; they must also report to the Matron when they do return.

The regulations and methods of admission of inmates are much better than those of the other county infirmaries. The superintendent has no power to pass on admissions. The social service division of the Salt Lake County hospital makes the initial investigation of every applicant and presents a recommendation pertaining to the individual case to the County Commissioner in charge, who gives his final approval or disapproval. Some few inmates are transferred from the hospital to the infirmary on the recommendation of the social service director before the approval of the County Commissioner.

Complete case histories are kept of every inmate who has entered the institution since 1929, and a careful medical examination is given to every inmate before or just after his admission. These records are permanent

and the active files are always cleared. The records of the institution previous to 1929 were very fragmentary and inaccurate. There are many evidences that the Salt Lake County infirmary is now more scientifically and efficiently administered than it has ever been before.

My chief criticism of the infirmary and its administration would be:

- (1) The lack of professional training of the employes.
- (2) The political connections of the institution and the resulting uncertainty of the official positions.
- (3) The lack of cheerful homeliness about the rooms and institution. There is a very noticeable atmosphere of institutionalization.
- (4) The persistent tendency to mix able-bodied and ill, young and old, together. This objection is less valid in the case of the Salt Lake County infirmary now than a few years previous. A large majority of the inmates are physically incapable, and the younger inmates are of physical condition that makes them chronic county patients, and the hospital turns them over to the infirmary to keep.

One cannot escape the evident fact that, in spite of efficient administration and a relatively high standard of material and physical environment, the infirmary is not and cannot be a pleasant or happy place for an able-bodied and mentally alert woman or man to spend any portion of his life.

WEBER COUNTY INFIRMARY.

The Weber County infirmary is located at Roy, a few miles out of Ogden. It is in a comparatively isolated section of the county and consists of eighty acres of farm land. The institution itself is comparatively new. The original building burned down in 1921 and a new one was built immediately. This new structure is of red brick, and, rather than being of an institutional type, it is like a large rambling farm house. It has two stories and approximately sixty rooms, with a capacity of 80 inmates. There are private rooms, wards, kitchen, laundry, store rooms, a sun-room, and private quarters for the superintendent and his family. In addition, a portion of the house is used as a hospital which is well equipped and immaculately clean, and has a capacity of 21 patients. The building is surrounded by small gardens, lawns, shrubs, and some trees.

The infirmary has a personnel consisting of a superintendent, a matron, two attendants, one cook, two house

maids, and two farm assistants. The superintendent is appointed by the County Commission for a period of two years, subject to reappointment after that period is passed. He is paid a salary of \$90.00 a month and is furnished board and room at the infirmary. He is selected for his ability to manage a farm successfully, because there is an eighty acre farm connected with the institution. He is required to have had no training as an executive, a social worker, or a physician. His main duties are to manage the farm and the finances of the infirmary. He has very little to do with the admission or care of the inmates.

The matron has always been the superintendant's wife, and keeps her position as long as the superintendent is her husband and acts as superintendent. She is paid \$50.00 a month. She has not been required to have had any professional or nursing training. Her duties are the management of the house, servants, meals and the care of the inmates.

There are no trained nurses employed at the infirmary. The County Commission appoints a physician to care for all the needs of the inmates. He must make at least two calls a week and is to be ready to make any emergency calls that might arise. He is paid by the county. The two attendants, who are employed as nurses, have had no nursing training or experience. They are employed by the County Commission and receive as salaries \$35.00 and \$30.00

a month in addition to board and room. These attendants assist the matron in the care of the inmates and in administering medical attention under the direction of the physician. If an inmate becomes seriously ill, he or she may be transferred to the Dee Hospital in Ogden. Any person mentally handicapped who becomes a serious problem may be transferred to the Utah State Hospital at Provo. However, the Weber County infirmary is now finding it necessary to care for mental cases which cause real difficulties.

There are also employed a cook, house maids and farm hands during seasons of extra work. The cook is not a dietitian, and no provision is made for special diets.

The rooms of the patients are quite completely furnished, having rugs, easy chairs, curtains, electric lights, bureaus, and beds. There are lavatories and running hot and cold water on each floor. In the sleeping quarters of the men there are as many as seven persons to a room. In most cases the women have private rooms. As has been mentioned, there are sun-rooms in which the inmates may read, play cards, sew or gather together for social meetings.

The men and women are segregated from one another. Provision is also made for the separation of patients with contagious diseases.

There are numerous ways employed for keeping the inmates busy and active. Those that can do some work are held responsible for the upkeep of their own rooms, and those who wish can help with the cooking or farming. On occasions, moving pictures are shown to the inmates, and social or church societies come out to the institution to give programs. Such programs are given at least once a week. Those inmates of the institution who are able may come and go as they please if they return to the infirmary by nine o'clock at night. Any inmate may have a radio who can provide his own. Visitors are allowed to come any time during the day, but are not allowed after nine o'clock in the evening.

In surveying the administration of the Weber County infirmary, one is struck by the importance given the farm and its management. The fact that the superintendent is employed as a good farmer is indicative of a serious lack of understanding of the true social function of an infirmary. It is true that a good bit of income is received from the farm, and that most of the fruit, vegetables, milk, and butter used by the infirmary is produced on the farm, but as has been shown, infirmaries can no longer be justified financially by proceeds from a farm. The inmate population of Weber County infirmary is not of an employable type, and most of the work done on the property must be done by the superinten-

dent or by hired help. Such a system makes the point of concern and efficient management the success of the farm, not the welfare of the inmates, which the institution should serve primarily.

Although a professional and scientific spirit is lacking about the administration of the Weber County infirmary, and one feels definitely that the inmates are neglected for the farm, there is an intangible wholesomeness and harmony of atmosphere that is not found in the other infirmaries. The inmates seem more satisfied than would be expected, and the superintendent and his wife are congenial, pleasant and sympathetic persons who, in spite of their lack of training, manage well. There is one problem they have to meet for which they are not prepared or equipped. At the present time, they have three inmates who are definitely mentally handicapped, and should be kept at the Utah State Mental Hospital. In the past, some of the patients who have been released from the Utah State hospital at Provo have been sent to the infirmary for care. When the personnel of the institution is absolutely untrained, and the institution itself is not suitable equipped for the care of mentally handicapped persons, the patient himself does not receive adequate treatment, the other inmates do not adjust themselves to the situation, and serious disciplinary and social difficulties inevitably arise.

The methods of admitting persons to the infirmary are not nearly so efficient as are those of the Salt Lake County infirmary. There is no county hospital social service by which the county infirmary could be supervised or assisted. The County Commissioners have direct jurisdiction over the infirmary and the admission of all inmates. The county matron (not the infirmary matron) acting under the County Commission does all the investigating of the applicants' requests for admission and makes her recommendation to the County Commission. From all evidences, this investigation is very inadequate; for example, one was unable to check even on the residence of the inmates in the state or Weber county. Even transients stop off at the infirmary for a few days without special permission or investigation. The presence of the mentally handicapped in the institution implies a certain laxness of supervision and inaccurate investigation.

The records kept at the Weber County infirmary were of little value outside of being a register of name, age, sex and date of entrance into the institution. No medical examination is required of the inmates, and no medical records are kept. There are many such routine duties that are not fulfilled in the administration of this infirmary, and there are few constructive efforts made to understand

the type of person the institution is to serve, or to achieve the maximum happiness of the inmates as a definite goal. There seems to be no realization that an infirmary's most serious questions to solve are not plenty of food, bedding, clothes and physical care, but are social adjustment and psychological well being.

UTAH COUNTY INFIRMARY.

The Utah County infirmary is situated about five miles outside of Provo just across the highway from the Columbia Steel Corporation plant. Needless to say, the location is not very desirable. The building was built in 1899, and is a square, three-story, red brick structure. There are a small strip of lawn and a row of trees in the front of the building. There are seventy-five rooms in the building, divided into private, semi-private and ward rooms. The property of the infirmary includes a farm of eight acres, which provides some of the food used by the inmates.

The superintendent of the institution is appointed by the County Commission, and holds his office for a period of two years and eight months. There are no specific professional requirements for the position. As is true of the other county infirmaries, it seems to be merely a political appointment. His salary is \$1200.00 a year. His duties include almost everything. As expressed by the interviewer, "Mr. Nusink has to help with practically

everything there is to be done. He, along with the help of some of the inmates, takes care of the grounds, kills the pigs, cows, etc., reconstructs the building where needed, and along with this work, he takes care of his patients and the office work." Again one is reminded that after all, the welfare of the inmates matters very little. On one occasion, the superintendent was "too busy with farming" to be troubled with office work such as the compiling of population study records.

The matron is appointed by the superintendent. Her term of office is six years, however, and the permanency of her position depends upon her ability and efficiency as matron. Her salary is \$600.00 a year. Her duties are to care for the inmates and to supervise any other work done in the institution which is not the direct responsibility of the superintendent. It is recommended that the matron have had practical experience in nursing.

In addition to the superintendent and matron, there are employed by the superintendent one assistant, two cooks, and four servants to do the housework.

The infirmary doctor is the Utah County physician, who is appointed by the County Commissioners. He lives in Provo and makes two regular visits a week to the institution. He is required to make any emergency visits that are necessary. The Utah County infirmary employs no trained nurses or persons who could replace trained nurses. It has no hospital, and is not equipped to care

for serious illnesses or contagious diseases. At the same time, the infirmary has a similar type of population to care for as is characteristic of the other infirmaries; a large proportion of it is physically incapacitated and many cases are bedridden, and frequently need hospital care. There is no doubt but that the institution needs professional assistance in order to care adequately for its patients.

The rooms of the inmates are very simply furnished. They have no curtains, a bed, chair and bureau. Some rooms have rugs, but these are few in number. During the summer when there are flowers, the inmates may have them in their rooms. No more than five persons are put in one room, and there are twenty-six private rooms. Each floor has four lavatories and a wash room; there is running water on each floor.

The sexes are separated, the men having one side of the building and the women the other. Persons with contagious diseases are isolated.

There are fewer opportunities for recreation offered the inmates of the Utah County infirmary than are offered the inmates of the other two infirmaries. There are no sun-rooms, no library, no movies, and no programs sponsored by social or religious groups. However, there is a radio in the institution with six loud-speakers, one in each ward, and some games are provided for the inmates. For exercise, they may garden, work on the farm, or go

for a walk. Visitors are allowed any time between the hours of 9:00 A.M. to 9:00 P.M.; the inmates are allowed to visit friends or relatives whenever they desire.

There is very little supervision over the admission of inmates. The County Commission has full authority over those who may enter the institution, and on its recommendation anyone may become an inmate of the infirmary. The superintendent says that transients often stay temporarily, and persons of all ages are sent to him. The records concerning the inmates are fairly complete, giving the number dying, admitted, or discharged, the sex, age, religion, marital status, residence in county and state, and relatives, etc., of them all. Ordinarily the inmates fill out detailed application blanks, but very often the information on them is incomplete. Previous to the time of the present superintendent, there were no records kept of individual inmates. No medical examination is given the inmates, and there are no accurate or detailed medical record of the inmates available. Financial records are kept much more carefully and completely.

There are few conveniences or diversions offered, and the atmosphere of the Utah County infirmary is quite depressing. One does feel, however, that the new superintendent is very conscious of many of the short-comings of the infirmary. He is very anxious to improve the institution in many ways, but there is very little public

interest in the question of infirmaries, and the superintendent finds very little encouragement for his proposals. This lack of public interest and general ignorance of the conditions, needs or purpose of an infirmary, characteristic of Utah and other states, has been somewhat responsible for the inefficiency, inadequate care and economic wastefulness of the infirmary system.

The only available records as to the expenditures of the infirmary were found in the county clerk's office, where a system of recording was used of which, in its present form, was not very satisfactory. It was in alphabetical order, and while it was possible to find the expenditures, it was not possible to find the amount of the expenditures. It was found that the amount of the expenditures for the care of the infirmaries was \$10,000.00, and only by that means was it able to find that amount had been paid out for the upkeep of the infirmaries and for the care of the inmates. Very often in the same month, the family's name appeared several times - sometimes the mother's, sometimes the father's, and sometimes the

CHAPTER III.

POLICIES AND STANDARDS OF CARBON COUNTY INFIRMARY.

The Carbon County infirmary is located at Price, within a few blocks of the center of the city. There is a small frame house of seven rooms, with very little lawn in the front of the house and just dirt around the sides and back. It is in very poor condition inside and out. In the back yard is a small shack which constitutes the infirmary. The property is owned by the county and given rent free to a woman and her family for her services as matron of the infirmary. The care of the infirmary has been under the supervision of this same family for at least fifteen years. Until the death of the husband five years ago, all fees were paid to him.

The only available records as to the expenditures of the infirmary were found in the county clerk's office, whose system of accounting was one of names, not in alphabetical order, and seldom classified as to type of expenditure. It happened that the secretary in the office knew the name of the family keeping the infirmary, and only by that means was one able to find what money had been paid out for the upkeep of the infirmary and for the care of its inmates. Very often in the same month, the family's name appeared many times - sometimes the mother's, sometimes the son's, and several times the

father's, - each item evidently being paid for a different service rendered the county. Therefore, even in copying the money given to the family, the data could not be as accurate as desirable; however, when possible the items were distinguished from one another. The system of keeping the financial records of the county was so extremely inefficient and meaningless that one wonders how such records could have been approved. After the death of those in the office the names so recorded, and undoubtedly many of the names now on the records, mean nothing. It is true that the present office force is much more efficient and no longer uses such an accounting method.

The records, if such they might be called, at the infirmary were pencil notations of name, date of entrance, and date of discharge in a small notebook, supposedly the same one which was first used in 1919 by the husband of the woman now having full charge of the house. One was interested to note that the pages were not in the least worn, the index numbers were very plain and unworn, and most of the notations were in an identical handwriting. For these reasons in particular, and for others, one was very skeptical about the authenticity of the records and discredited them almost wholly.

There is no doubt but that the conditions here were far worse than any others seen or imagined possible in this day and age; they are particularly hard to under-

stand when one remembers that Carbon County is one of the wealthiest counties in Utah, and when one realizes that the community itself is small and the people living there could not help knowing something about the infirmity. The remark was made by a public official that "they had been trying to get an appropriation for a real, large almshouse for some few years, but had always failed; however, there was more hope that in the near future they might have one." Carbon County is just reaching the "institution" period in its development of relief of the dependent and handicapped at a time when most counties have turned from almshouses to Old Age Pensions and foster homes, and those counties which have infirmaries are looking to the near future when they can replace many of its functions with the Old Age Pension and center its others on the care of the chronically ill only as a part of a public hospital system.

As has been stated, the matron lives in the county home with rent, light, telephone, water, etc., free. This house is used for the living purposes of the family of the matron - the persons sent to her are not allowed to stay in the house - their living quarters are in the back yard, and consist of a wooden shack about twenty by thirty feet in size. There is no running water in the cabin, no lavatory, and no electric lights. There is one small

window to each room, there being three rooms in all. In one room the season's supply of coal is kept! There are no rugs, chairs or bureaus in the rooms. There is a cot and a coal stove. The walls and floors are unpainted. The bedding looked positively dirty! There were no flowers, lawn or trees around the cabin. There is nothing for an inmate to do, no work and certainly no opportunity for recreation. At the time of this study, there was one inmate interviewed. This man had been blinded in a mine accident five years ago, and since that time had lived in this shack. When asked what he did all day, he replied, "Oh, I sit on the bed and play tunes on my cup, or when it's sunny I stand outside in the sun." Without seeing the whole situation, one can hardly appreciate just how depressing and horrible the conditions are.

The house in which the matron lives is poorly furnished and in poor condition. Nothing looked clean or in order. The matron herself impressed one as undesirable. She is absolutely untrained, most unsympathetic, and inefficient. Her conversation made it very evident that she considered the people who came to her as the most undesirable people of society, not fit for decent friends, living conditions or sympathy. She did say that when nice girls came, she sometimes took them into the house and even let them sleep with her. A number of years ago,

a young boy came to the house, and the matron has kept him with her for many years. The matron is assisted in her duties by her son, who appeared to be almost as undesirable a person as she.

The matron cooks all the meals for the inmates and at the end of each month, bills the county for eighty-five cents a day for each inmate, or a monthly cost per inmate of \$25.50 as compared with \$13.05 in the Salt Lake County infirmary, \$17.03 in the Weber County infirmary, and \$12.78 in the Utah County infirmary. On this amount she prepares three meals a day: breakfast of coffee, bread and mush, with an occasional egg; lunch of meat, potatoes, some vegetable, and coffee; and dinner, cold sandwiches. One will notice that no milk or fruit is provided; these, the matron said, cost too much and she couldn't afford them!

There is very little regulation of the admission of persons to the infirmary. From all evidences, the county commissioners give permission to anyone they please, and the matron takes them. The records show, and the matron speaks of having, orphans, women and children, young girls, pregnant girls, young men, and old men and women of all and every physical or mental condition. Ordinarily the inmates were all put in the cabin, since the "two rooms held seven people easily." If the cabin were too crowded she would take the girls or women and children

into the house. She did say that she tried not to have the men and girls or women in the same room!

The greatest proportion of the people who come to the institution stay only for a few weeks or less; some few have died within a matter of days or two weeks. Out of one hundred and fourteen inmates recorded over a period of twenty-five years, only six have stayed a year or more, and five of the six stayed only two years. One can easily understand why a person would move on - away from the conditions of this place - with very little concern as to where he or she were going. Things couldn't be worse than they were there.

There is no provision for medical aid. The blind man, now living at the infirmary, apologized for not being able to hear in one ear for almost a week. He said he had used all the hot water he could get, and had tried to find out what the trouble was in order to help it, but had failed. One was tempted to believe that no one would ever come to help him, certainly not the matron, and less likely a competent physician or nurse.

As a social work official of Carbon County said, "Since you have seen the skeleton in the family closet, we may as well face facts." It is about time Price awoke and faced facts. No community with any feeling of social responsibility or respect would permit the continuance of conditions of the type now existing at the so-called in-

firmary. The social attitude expressed by the people directly responsible for it is characteristic of the early nineteenth century. There is, however, really no excuse for such social backwardness today.

PART IV.

STATUS OF THE URBAN POPULATION IN REAR RAILROAD SECTIONS AND THEIR ECONOMIC CONTRIBUTION.

CHAPTER I.
REVIEW OF THE TOTAL INMATE INVESTIGATION,
EXCLUDING ALL AGES.

In making an analysis of the inmate population of Utah institutions, the inmates were divided into two groups - the whole population, including all ages, and the population which was 18 years of age and over. A brief survey was made of the whole population in order to understand of the scope and nature of the problem to be met by every inquiry.

PART IV.

THE STUDY OF THE INMATE POPULATION IN
SALT LAKE, WEBER, AND UTAH COUNTY INFIRMARIES.

Students of the type of indigent old persons usually found in jails in institution and so try to find what factors in his former social and economic background are most significant when viewed in the light of his present situation and social and economic destination.

The total infirm population of Utah is 125 persons, and 107.25 of which are males. Only 30.25 of the 125 are under the age of 18 years. The 125 persons under 18 years of age are distributed as follows: 100 in the Salt Lake County Infirmary, 20 in Weber County Infirmary, and 5 in Utah County Infirmary, and 11 of these ages there are no records. Those under 18 years of age in the Salt Lake County Infirmary are either chronically

CHAPTER I.

SURVEY OF THE TOTAL INMATE POPULATION, INCLUDING ALL AGES.

In making an analysis of the inmate population of Utah infirmaries, the inmates were divided into two groups - the whole population, including all ages, and the population which was 65 years of age and over. A brief survey was made of the entire population to give an understanding of the scope and nature of the problem to be met by every infirmary.

The more detailed and comprehensive study of those inmates of 65 years and over has been made to give a picture of the type of indigent old persons usually found in such an institution and to try to find what factors in his or her social and economic background are most significant when viewed in the light of his or her present social status and economic destitution.

The total infirmary population of Utah is 364 persons, 100 or 27.4% of which are women. Only 36.3% of the 364 are under the age of 65 years. The 128 persons under 65 years of age are distributed as follows: 93 in the Salt Lake County infirmary, 16 in Weber County infirmary, and 17 in Utah County infirmary, and 2 of whose ages there are no records. Those under 65 years of age in the Salt Lake County infirmary are either chronically

ill and have been transferred from the hospital, or they are mentally handicapped or physically disabled. At least half of the inmates under 65 years of age in Weber and Utah County institutions can be accounted for in a similar manner.

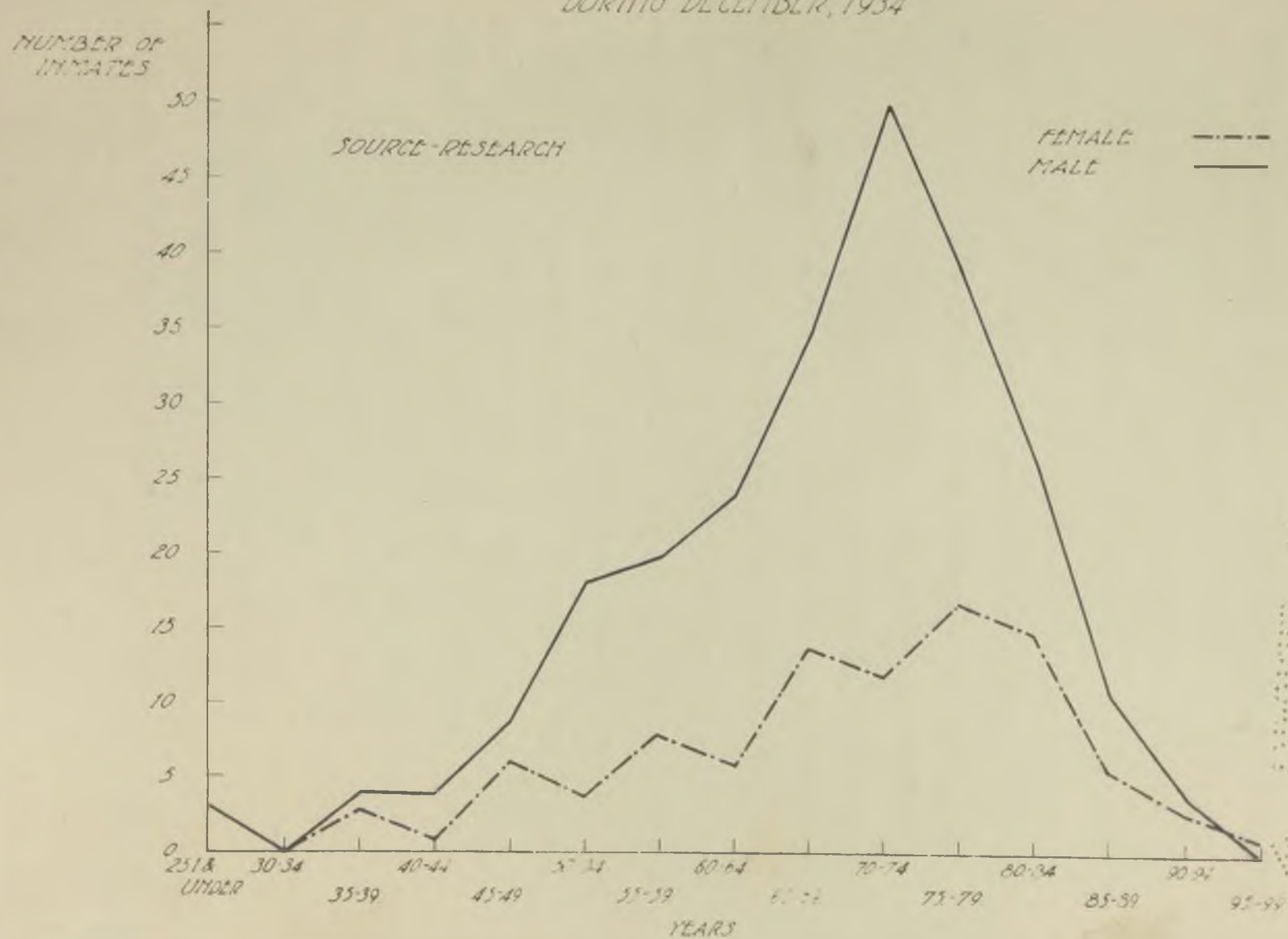
The distribution of ages ranges from 95 years to 25 years of age; the highest single age group is that of 70-74 years. The sigma of the ages is 12.5 years; and the mean is 67.85/5.5 years as shown in Table VII. There is very little difference between male and female ages, and for all statistical purposes they can be considered together.

TABLE VII - AGE DISTRIBUTION OF 346 INMATES¹ IN SALT LAKE, UTAH AND WEBER COUNTY INFIRMARIES.
During December 1934

Years of age	Number of Inmates			Per cent.
	Male	Female	Total	
95-99	0	1	1	.28
90-94	4	3	7	2.02
85-89	12	6	18	5.2
80-84	26	15	41	11.27
75-79	39	17	56	16.18
70-74	50	12	62	17.9
65-69	35	14	49	14.16
60-64	24	6	30	8.67
55-59	20	8	28	8.09
50-54	18	4	22	6.35
45-49	9	6	15	4.3
40-44	4	1	5	1.44
35-39	4	3	7	2.02
30-34	0	0	0	.00
25 & under	3	0	3	.86
Totals	246	100	346	100%

¹-Data not available for 18 male inmates

AGE DISTRIBUTION OF 346 INMATES IN UTAH INFIRMARIES DURING DECEMBER, 1934



UNIVERSITY OF UTAH
LIBRARY
1934

It is evident that with 83.77% of the infirmary population of 55 years of age or more, the trend is definitely away from the traditional "catch-all" type of institution. The increased age levels of the infirmary population implies very definite changes in the function of the infirmary in regard to its inmates. It is no longer a place where a person may find temporary board and room until seasonal employment opens up or until he is ready to move to some other city. It is rather a place to which, in utter physical, mental and economic desperation, with a complete loss of morale, an old individual goes to stay to wait until he dies. It is evident that the majority of the present infirmary population has passed both economically and socially its most lucrative period in life, and is unable now to return to society as a self-supporting, economically independent citizen of a community. Persons of these ages, particularly those of 70 years of age or more, are most unlikely to have many friends or social ties that would keep them actively engaged in community life or which might assume the responsibility of their care and welfare.

One finds that 66.8% of the inmates now in infirmaries in Utah entered the institution between the ages of 60 and 90 years. From Table VIII, one may see that,

if those entering between the ages of 50 and 60 years were added, 84% of the total population would be included. It is interesting to note that most males and females tend to enter at the same ages. Table VIII.

TABLE VIII - AGE OF 335 INMATES AND DATE AT ENTRANCE INTO SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES.

Years of age	Inmate Population (335)			Per cent
	Male	Female	Total	
90-99	3	1	4	1.19
80-89	23	4	27	8.05
70-79	76	25	101	30.14
60-69	75	21	96	28.65
50-59	49	10	59	17.61
40-49	18	8	26	7.76
30-39	13	1	14	4.17
20-29	5	1	6	1.78
10-19	2	0	2	.59
Total	264	71	335	100%

The data on the ages at date of entrance and at the present time of the infirmary inmates would seem to imply that these people are those whose period of economic productivity is directly correlated with their physical capability. When they begin to lose physical strength and endurance, they can no longer earn a living, and are no longer socially valuable, and consequently become socially maladjusted to the extent that the only place of refuge is the county almshouse or infirmary.

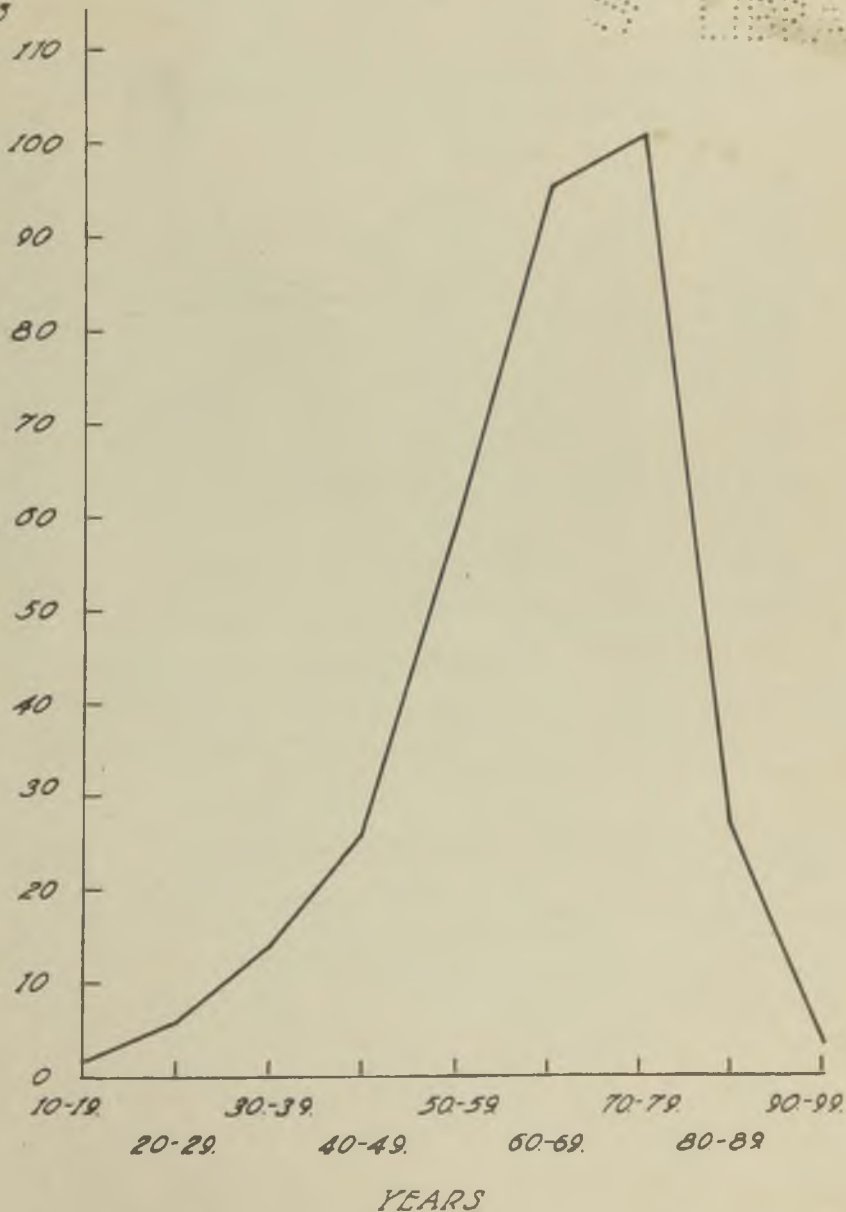
Information on the number of years spent in the county in whose infirmary inmates are now living, shows that the period of residence is comparatively short, 30.1%

AGE OF 335 INMATES AT DATE OF ENTRANCE INTO
SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES

SOURCE - RESEARCH

DECEMBER, 1934

NUMBER OF
INMATES



of these inmates lived in the respective counties less than fifteen years, and 56% of the inmates lived in the county less than thirty years. Table IX.¹

TABLE IX - NUMBER OF YEARS OF RESIDENCE IN UTAH OR SALT LAKE COUNTIES IN WHOSE INFIRMARIES 239 INMATES ARE NOW LIVING.²

No. of Yrs. Residence.	239 Inf. Inmates.	Per cent.
85-89	1	.4
80-84	1	.4
75-79	7	2.9
70-74	6	2.5
65-69	6	2.5
60-64	7	2.9
55-59	10	4.2
50-54	16	6.6
45-49	17	7.1
40-44	12	5.0
35-39	11	4.6
30-34	13	5.4
25-29	20	8.3
20-24	22	9.2
15-19	20	8.3
10-14	26	10.8
5- 9	20	8.3
0- 4	26	10.8
Total	239	100%

The above data imply that the infirmary population has been a fairly mobile one, which conclusion is further substantiated by the data secured on place of birth of 341 inmates. 47.8% of the total inmates were born in foreign countries, 52.2% were native born, and only 20.8% were born in Utah. Table X.

¹ Weber County infirmary inmates have been omitted because of the incompleteness of the residence records.

² Data not available for 72 inmates.

NUMBER OF YEARS RESIDENCE IN SALT LAKE AND
UTAH COUNTIES IN WHOSE INFIRMARIES 239 INMATES ARE
NOW LIVING

WEBER CO INFIRMARY NOT INCLUDED

SOURCE-RESEARCH

DEC, 1934

NUMBER
OF CASES

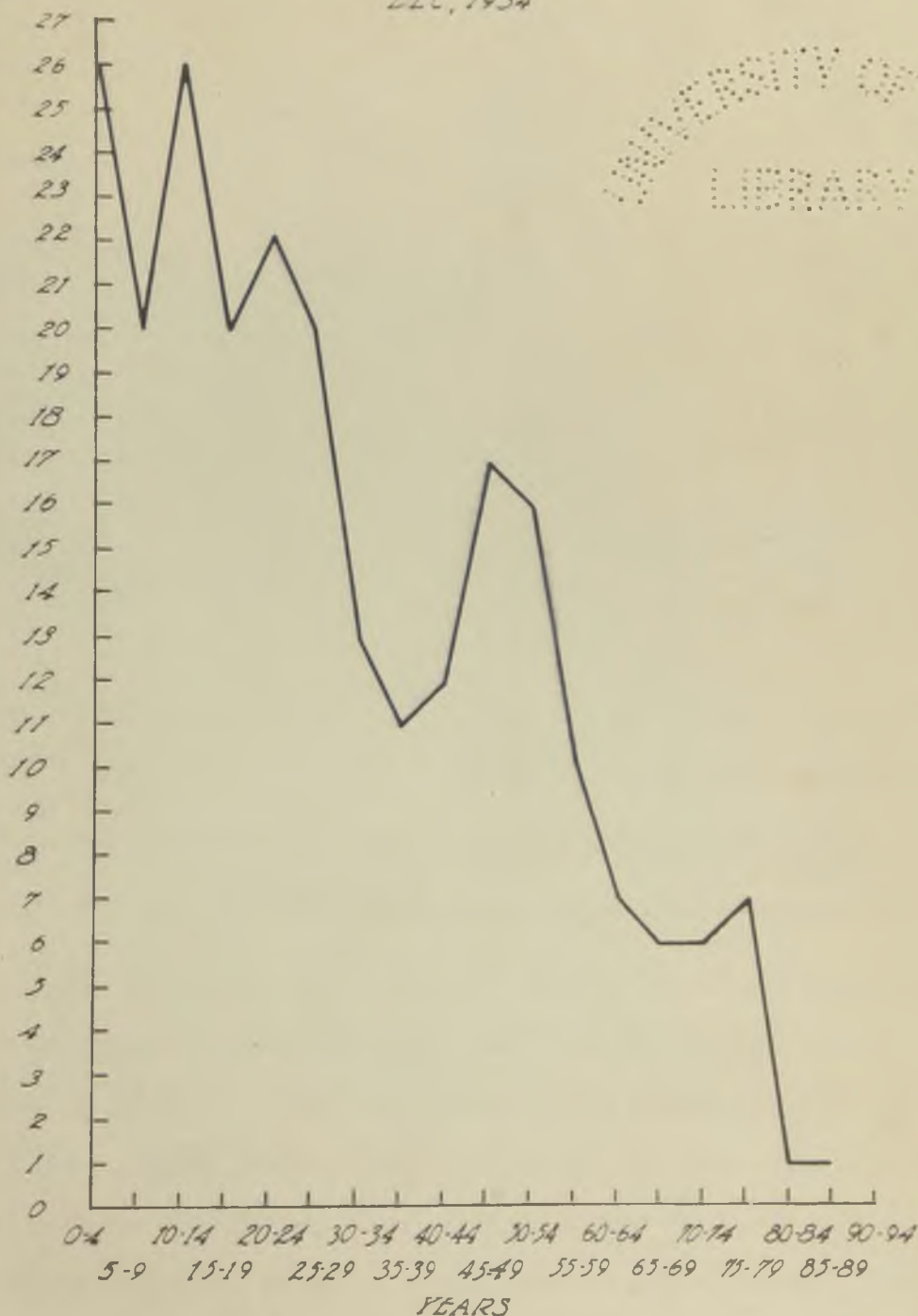


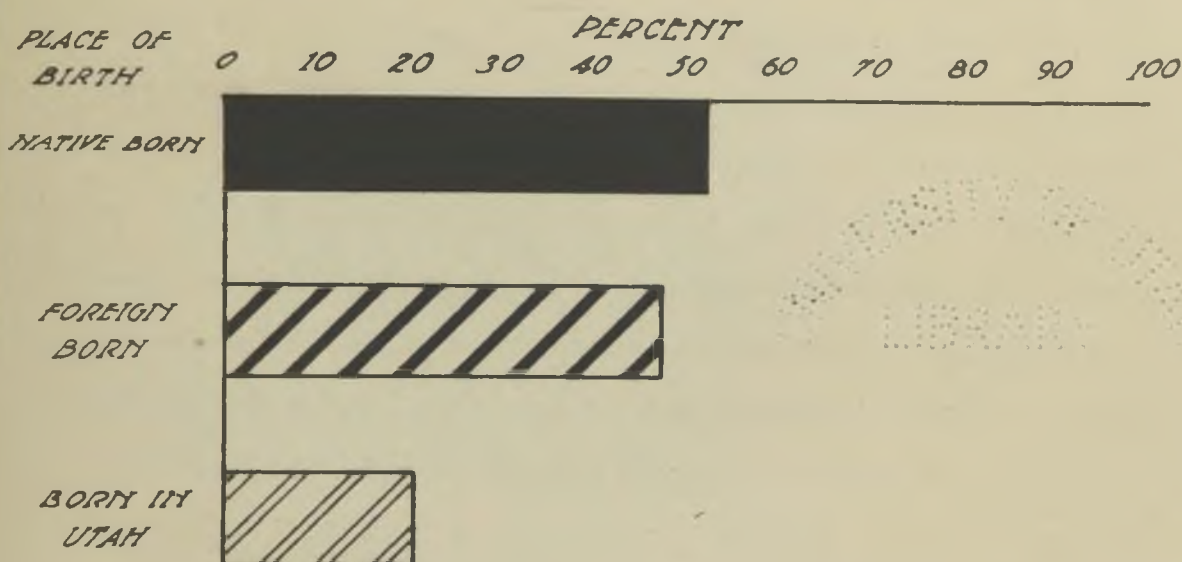
TABLE X - PLACE OF BIRTH OF 341 INMATES IN SALT LAKE,
WEBER AND UTAH COUNTY INFIRMARIES.'

Place of Birth.	341 Inmates of Inf.	Per cent.
United States	188	52.2
Utah	71	20.8
Great Britain	55	13.3
Sweden	20	6.0
Germany	16	4.8
Denmark	14	4.3
Ireland	9	2.8
Italy	7	2.2
Switzerland	5	1.6
Norway	4	1.3
Greece	4	1.3
Austria	4	1.3
Holland	2	.5
Serbia	2	.5
Nova Scotia	1	.2
Mexico	1	.2
Jugoslavia	1	.2
Belgium	1	.2
Turkey	1	.2
Russia	1	.2
Finland	1	.2
China	1	.2
Canada	1	.2
Syria	1	.2
France	1	.2
Total	341	100%

This per cent ratio between native-born and foreign-born is almost identical with that of the United States census of 1930 for the age group of 65 years or over of the state; which states that 43.8% of that age group were foreign-born and 56.2% were native-born. Including all age groups of the state of Utah for the same census year, the ratio changed completely; 8.6% only were foreign-

1-Data not available for 23 inmates.

PERCENT DISTRIBUTION OF FOREIGN-BORN AND NATIVE-BORN INMATES (341) IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES



*SOURCE - RESEARCH
DECEMBER, 1934*

born and 91.4% were native-born. The early history of the state of Utah can offer a sufficient explanation of the large proportion of foreign-born in its older age groups.

The marital status of two hundred and ninety-two inmates for whom data could be secured also implies an infirm population of persons who have had few social ties, are now alone or separated from their families, and have led comparatively unsettled and uncertain lives. 72.6% of the inmates are either single or widowed; 44.6% of the males are single, and only 19.8% of the 292 inmates are now married. The females apparently have been, previous to their committment, accustomed to a greater degree of family life and social security; 82.1% of the females are widowed, or now married.¹ Table XI.

TABLE XI - MARITAL STATUS OF 292 INMATES IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES.

Marital Status.	Inmate Population			Per cent.
	Male	Female	Total	
Single	88	18	106	35.7
Widowed	54	52	106	35.7
Married	32	26	58	19.1
Separated	4	4	8	2.0
Divorced	19	5	24	7.5
Totals	197	95	292	100%

Those inmates who are married must, upon entrance into the institution, be separated from their spouses, and this is necessarily a cause of discontentment and unhappiness among them.

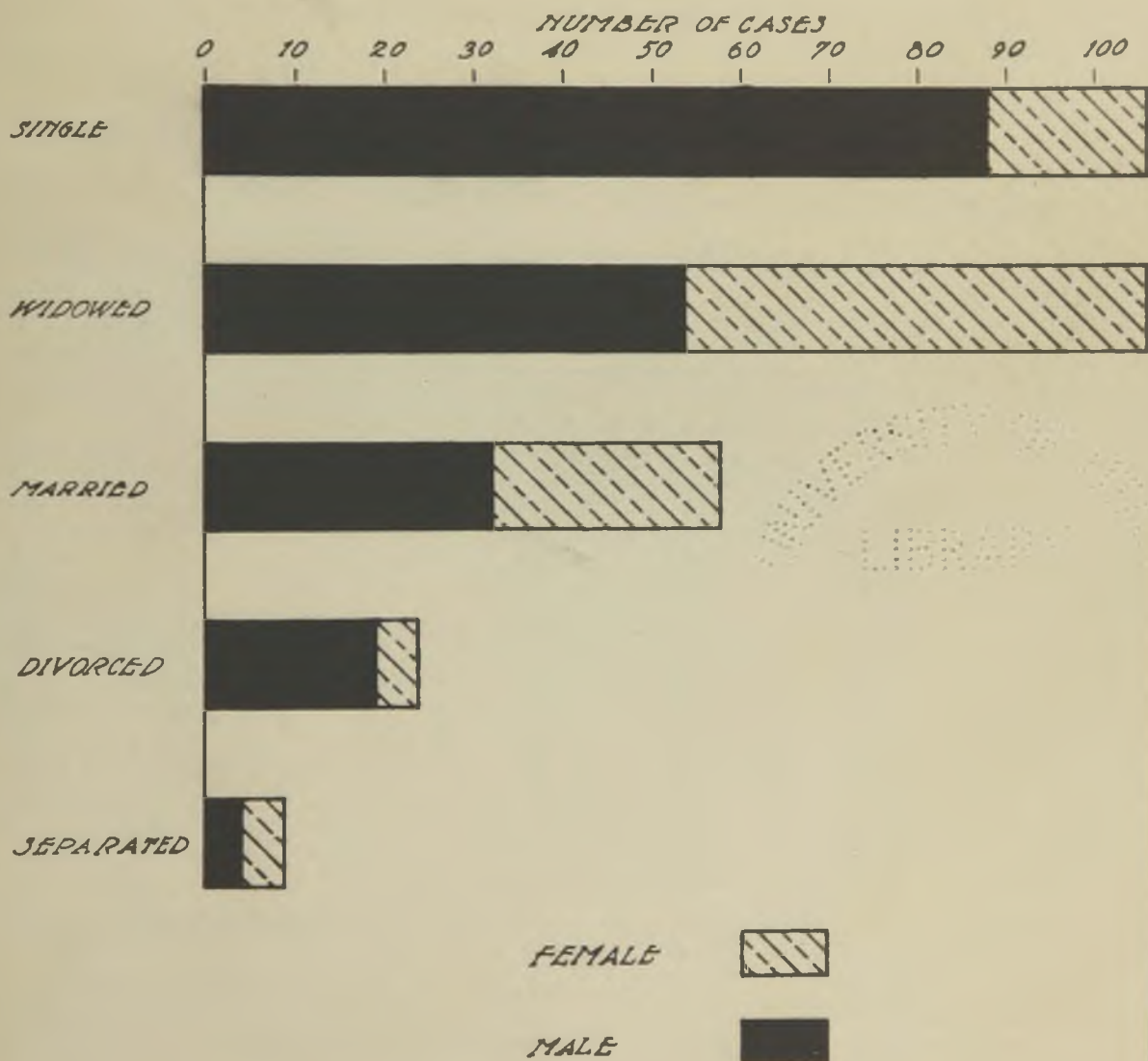
It is surprising to note the number of these people

¹ Married, as used, is distinguished from separated and divorced.

MARITAL STATUS OF 292 INMATES IN SALT LAKE, WEBER, AND UTAH COUNTY INFIRMARIES

SOURCE-RESEARCH

DECEMBER, 1934

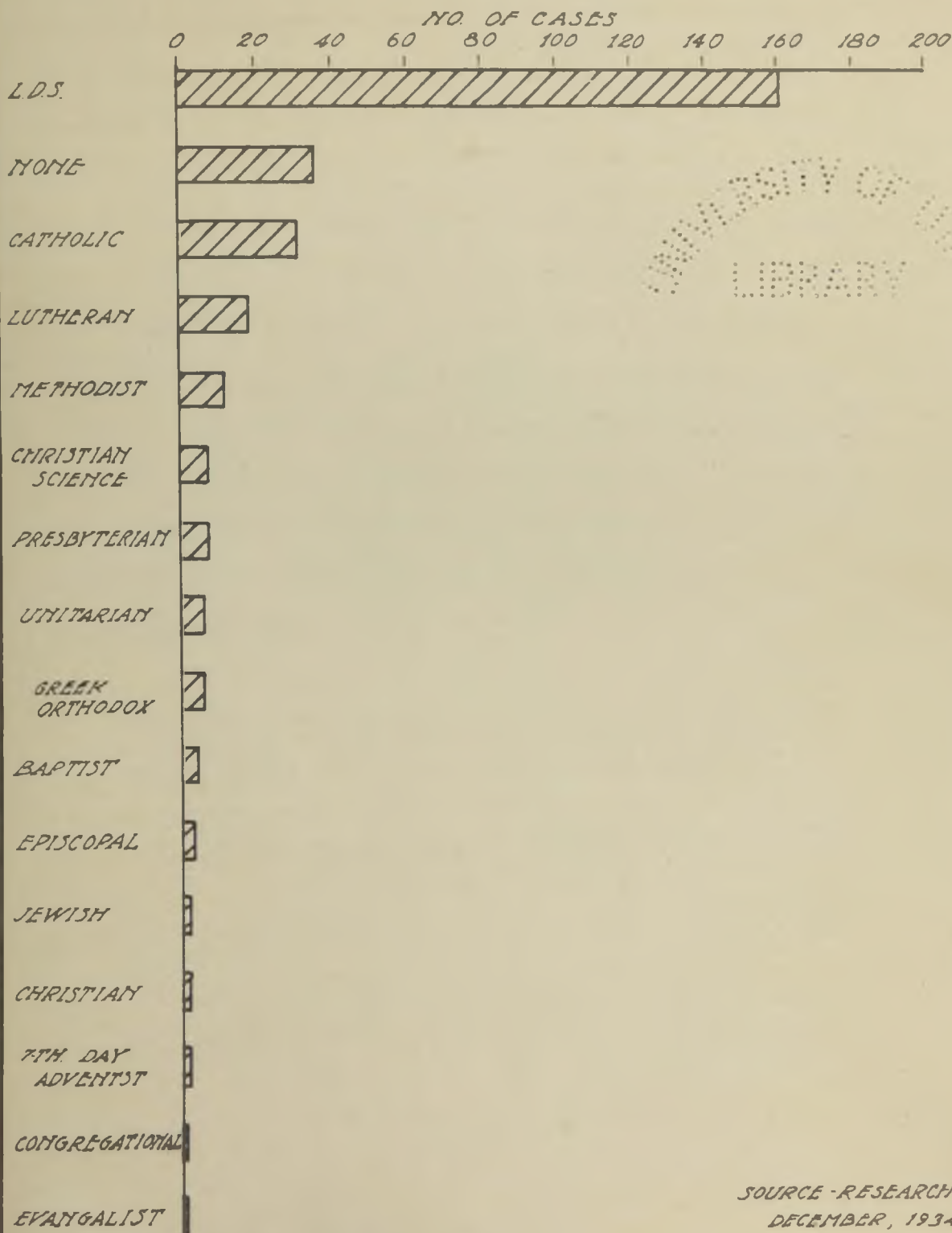


who are definitely affiliated with some religious organization. As would be expected in Utah, the number of inmates belonging to the Latter Day Saints church is more than four times greater than that belonging to any other single religious group. Although a large proportion of the state population is affiliated with the Mormon Church, one would expect that because of the extensive charity work of that Church, the number of Mormon persons to be found as public charity cases would be less than those found of other church affiliations. Table XII shows the distribution of religious affiliations by church group.

TABLE XII - RELIGIOUS AFFILIATION OF 306 INMATES IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES.'

Religious Group	Infirmary Population	
	Total Numbers	Per cent
Latter Day Saint	161	52.6
None	36	11.6
Catholic	31	10.3
Lutheran	18	6.0
Methodist	11	3.7
Christian Science	7	2.4
Presbyterian	7	2.4
Unitarian	6	2.0
Greek Orthodox	6	2.0
Baptist	4	1.4
Episcopal	3	1.0
Jewish	2	.8
Christian	2	.8
Seventh Day Adventist	-	-
Congregational	1	.5
Evangelist	1	.5
Total	306	100%

RELIGIOUS AFFILIATION OF 306 INMATES IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES



Utah and Weber County infirmaries keep very general and inaccurate medical records of their inmates. Any data that would include the physical and mental condition of the total population of all Utah infirmaries would necessarily be very general. The records of the Salt Lake County infirmary are very much superior to those found in the other two institutions, and the physical or mental health of its inmates can be classified into more significant types of physical or mental illness or handicap. (Table XIV.) Using what data are available from all three institutions, it is found that 10.5% of the inmates are normal, 16.4% are mentally handicapped, and 73.0% are physically incapacitated. Table XIII.

TABLE XIII - PHYSICAL AND MENTAL CONDITION OF 304
INMATES IN SALT LAKE, WEBER AND UTAH COUNTY
INFIRMARIES.

Physical or mental condition.	No. of Inmates			Per cent.
	Male	Female	Total	
Normal	28	4	32	10.5
Incapacitated	153	69	222	73.0
Mentally handicapped	31	19	50	16.4
Total	212	92	304	100%

Data not available for 52 males and 8 females.

PHYSICAL OR MENTAL CONDITIONS OF 304 INMATES IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES

SOURCE - RESEARCH
DECEMBER, 1934

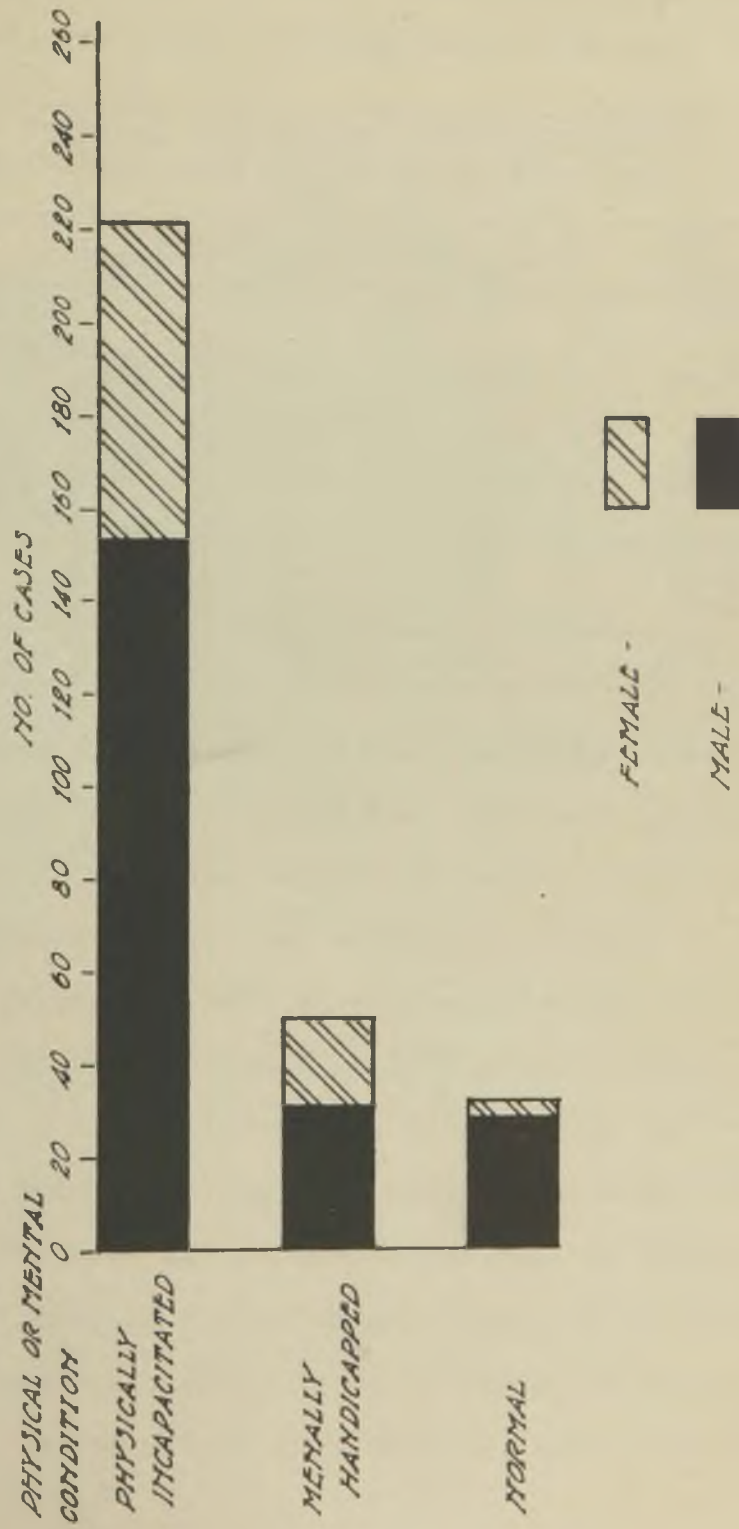


Table XIV will give a more adequate and complete classification of health conditions of 226 Salt Lake infirmary inmates. Of these 226 inmates it is found that only 24, or 10.6%, are venereally diseased.

TABLE XIV - PHYSICAL AND HEALTH CONDITIONS OF 226 INMATES IN SALT LAKE COUNTY INFIRMARY SINCE 1933

Medical Diagnosis	Number of Inmates			Per cent.
	Male	Female	Total	
Chronic illness	6	4	10	4.5
Cardio-Vascular disease	42	20	62	27.5
Pulmonary disease	8	3	11	4.8
Mental disease	17	12	29	12.8
Physically disabled	45	16	61	26.9
Senility	24	15	39	17.3
Normal	11	3	14	6.1
Total	153	73	226	100%

From these data, it is evident that only between 10.5 and 6.1 per cent of the general infirmary population is physically or mentally capable of normal social life.

This brief survey of the general population of Utah infirmaries leaves one with an appreciation of the utter hopelessness of the life that is left these people; physically or mentally incapable, economically destitute, and socially deserted, they find temporary refuge in the infirmary. The most disheartening part of the whole thing is that once in the infirmary there are no opportunities of rehabilitation, or for a return to active social life. These people just pass day after day trying

to make each day more livable perhaps than the past until they may die. Their existence is futile, ambitionless and discouraged in an institution whose only purpose is to help keep them alive.

The attitude that the infirmary deals only with the most undesirable people in society, that its inmates are either venereally diseased, alcoholic, mad men, prostitutes, or criminals, is a carry-over of many generations past when such conditions were true. However, society has a very different problem to meet now; its members who are found in its infirmaries are not so undesirable and vicious a people as supposed. They have been unable to succeed in or adjust to the society of today, and since society has made very few provisions for its weaker members, they continue to degenerate to extreme destitution. Most of the persons in the infirmaries could have been aided to find a place in society if given some help soon enough, and many could be rehabilitated and sent back into social life if there were any provision made for such constructive aid. This procedure of providing infirmaries to die in, offers nothing constructive to the inmate, and only gives him food and shelter, for which he pays all social prestige and self respect. Such a system demoralizes all who come into contact with it and gains nothing for the society which produces and fosters it.

CHAPTER II.

DETAILED STUDY OF THE INMATE POPULATION 65 YEARS OF AGE AND OVER IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES.

The purpose of the study made of all those inmates of 65 years of age and over was to reveal the social and economic status of that group of indigent aged now being cared for in public infirmaries, and by so doing to discover reasons for their present conditions and to discover what type of person is being cared for in the institutions. The results of the study, insofar as they are comparable with the analysis made of the total infirmary population, yield very similar information; however, the study included many factors of investigation which were not included in the study of the general population, and these new results are very significant in giving a more comprehensive view of the persons being cared for.

As was previously stated, 63.3% of all the inmates of the institutions are 65 years of age or over. 70% of the females, and 63.8% of the males, are 65 years of age or over. A very small percentage of the total state population of 65 years of age and over are in infirmaries; only 1.4% of the males and .6% of the females of that age-group are in county institutions. Table XV.

TABLE XV - PERCENTAGE OF STATE POPULATION OF
65 YEARS OF AGE OR OVER IN INFIRMARIES.

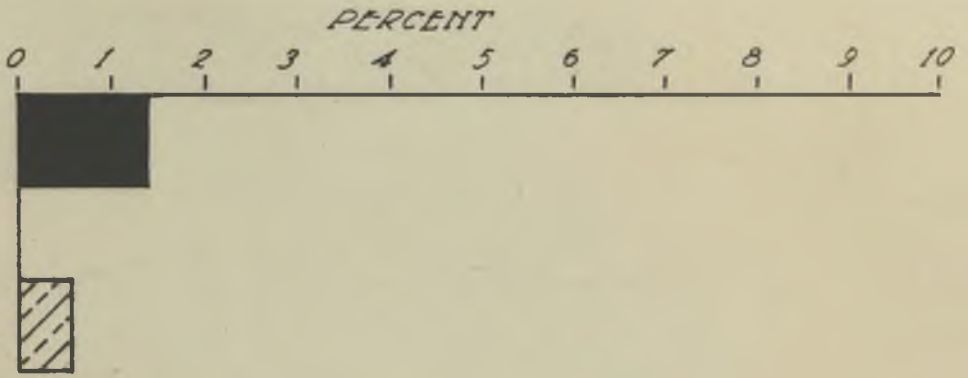
	State Pop.	Inf. Pop.	Percent.
Male	11,422	166	1.4
Female	11,243	70	.6
Total	22,665	236	2.0

The range of ages of this group is from sixty-five years to ninety-five years: the mean of the male and female ages varies little, that of the males being $76\frac{1}{2}$.085 years, that of the females being $77.5\frac{1}{2}$.0303 years; however, there is a greater variability in the male ages than in the female; the sigma of the female ages is 2.35 years, and of the male ages 6.49 years. Table XVI.

TABLE XVI - AGE DISTRIBUTION OF 166 MALES AND
68 FEMALES OF 65 YEARS OF AGE IN SALT LAKE,
WEBER AND UTAH COUNTY INFIRMARIES.

Years of Age	Males	Females	Total
95-99	0	1	1
90-94	4	3	7
85-89	12	6	18
80-84	26	15	41
75-79	39	17	56
70-74	50	12	22
65-69	35	14	49
Total	166	68	234

PERCENT OF TOTAL POPULATION IN UTAH 65 YEARS
AND OVER IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES



MALE



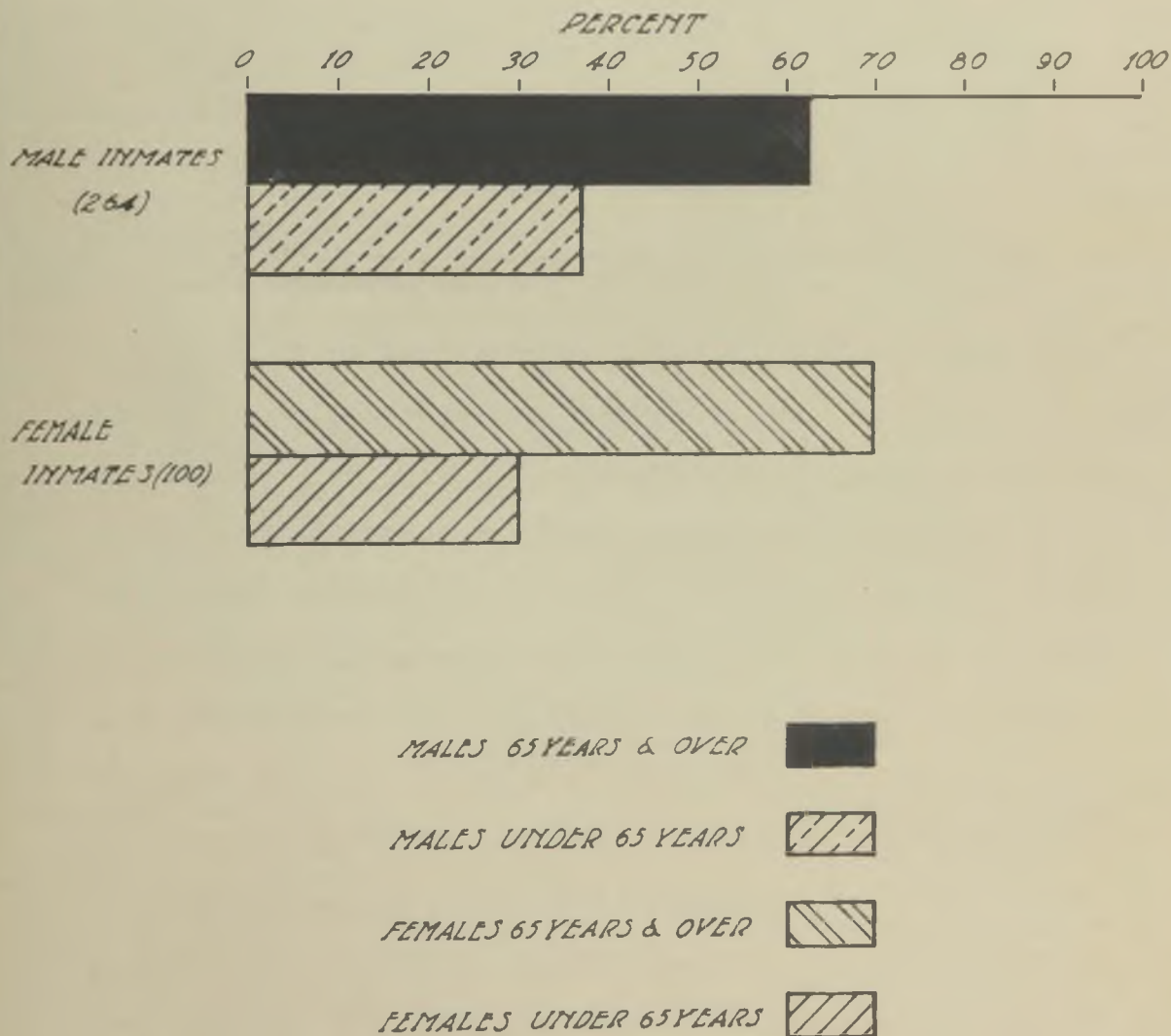
FEMALE



PERCENT OF TOTAL MALE AND FEMALE POPULATION (364)
IN UTAH INFIRMARIES OVER AND UNDER 65 YEARS OF AGE

SOURCE-RESEARCH

DECEMBER 1934



It is found that these inmates have spent comparatively few years of residence in the institution. The mean of the years spent by male inmates is 6.28⁷/₄₇ years, of the years spent by female inmates, 6.49⁷/₆₉₅ years. The sigmas of the years spent by the respective sexes are 4.59 years and 5.28 years. Table XVII.

TABLE XVII - NUMBER OF YEARS SPENT IN RESIDENCE IN COUNTY INFIRMARIES BY 209 INMATES. ^u			
No. of years in residence.	Number of Inmates		
	Male	Female	Total
30-39	0	1	1
20-29	2	3	5
10-19	25	12	37
0- 9	116	50	166
Totals	143	66	209

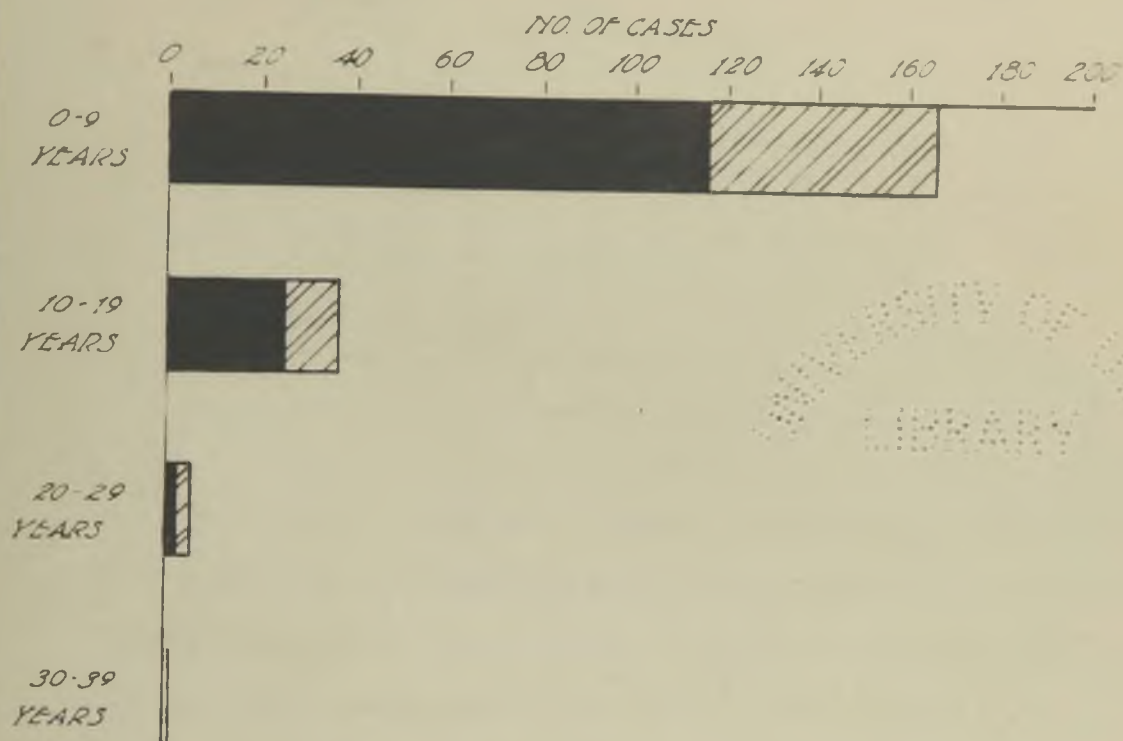
Evidently these persons are not those who have been chronic institution cares, but those who have come into the institution only after passing their years of productivity and becoming unable to support themselves or to find other sources of support. The short period of their residence in the institution would imply that these people have not entered the institution until it was necessary for them to do so because of economic poverty.

The information yielded from a study of the length of time unemployed prior to the commitment of the individual in the institution brings out similar implications. ² 72.2% were unemployed at least two years be-

^uData not available for 28 males and 4 females.

²Data compiled only for male inmates because of the usual lack of gainful employment of all females.

NUMBER OF YEARS SPENT IN SALT LAKE, WEBER, AND UTAH COUNTY
INFIRMARIES - 209 INMATES AGED 65 YEARS AND OVER.
SOURCE - RESEARCH



FEMALE



MALE



fore entering the infirmary. Table XVIII.

TABLE XVIII - NUMBER OF YEARS UNEMPLOYED PRIOR TO COMMITMENT OF 122 MALES TO INFIRMARIES.

No. of Years Unemployed.	Number of Inmates Total Males
Less than 1 year	17
1 "	17
2 years	32
3 "	13
4 "	11
5- 9 "	8
10-14 "	11
15-19 "	1
20 years and over	2
Total	122

This is of particular significance when one considers the type of work in which these persons were formerly engaged. It is found that 59.7% of those persons who have been gainfully employed were unskilled workers; 37.8% were skilled workers, and only 2.5% were professional workers. Table XIX.

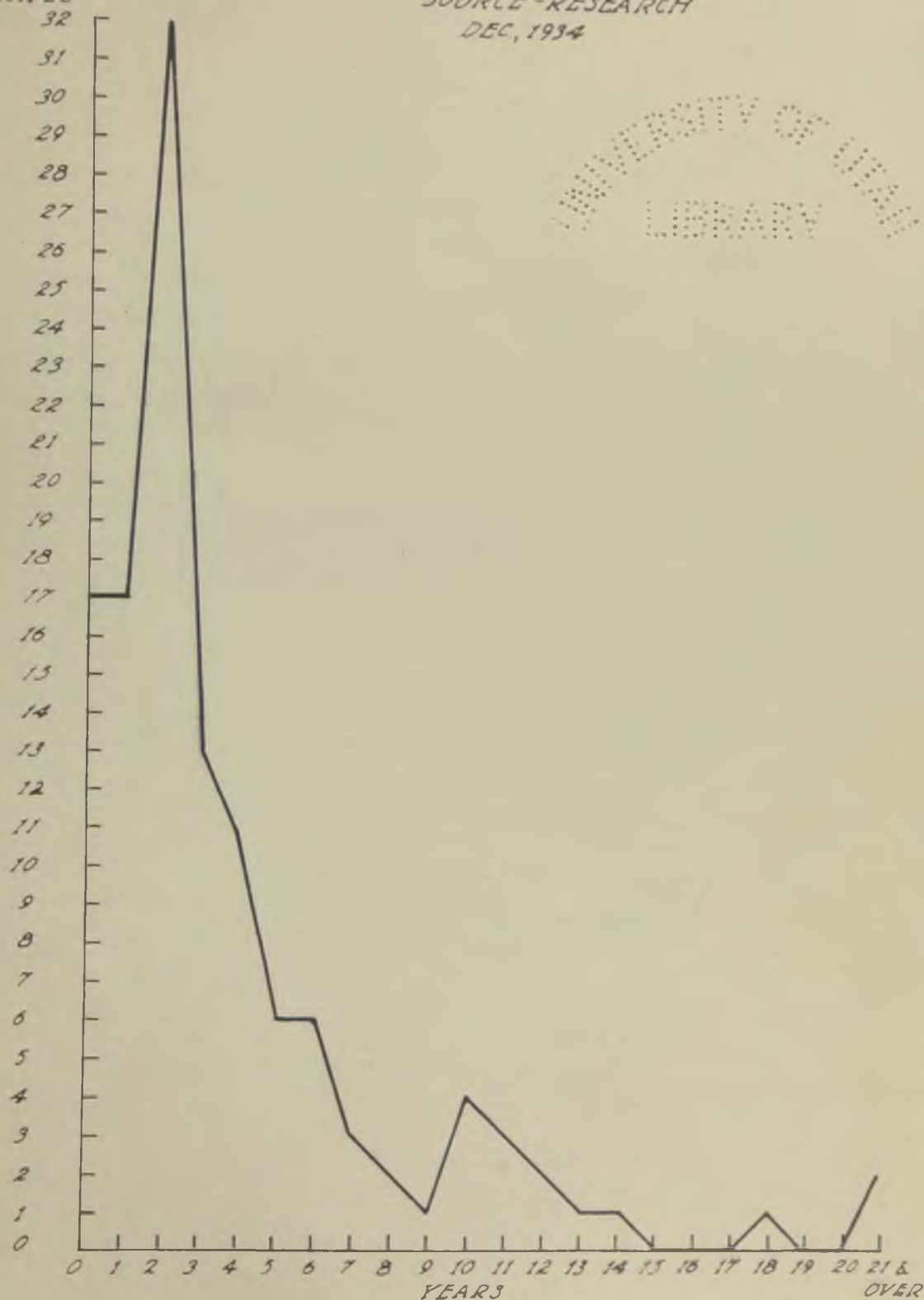
TABLE XIX - TYPE OF WORK FORMERLY DONE BY 164 INMATES 65 YEARS OF AGE AND OVER IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES.¹

Type of Work	Number of Inmates			Percent
	Male	Female	Total	
Unskilled	76	22	98	59.7
Skilled	44	18	62	37.8
Professional	3	1	4	2.5
Totals	123	41	164	100%

¹-Data not available for 43 males and 29 females.

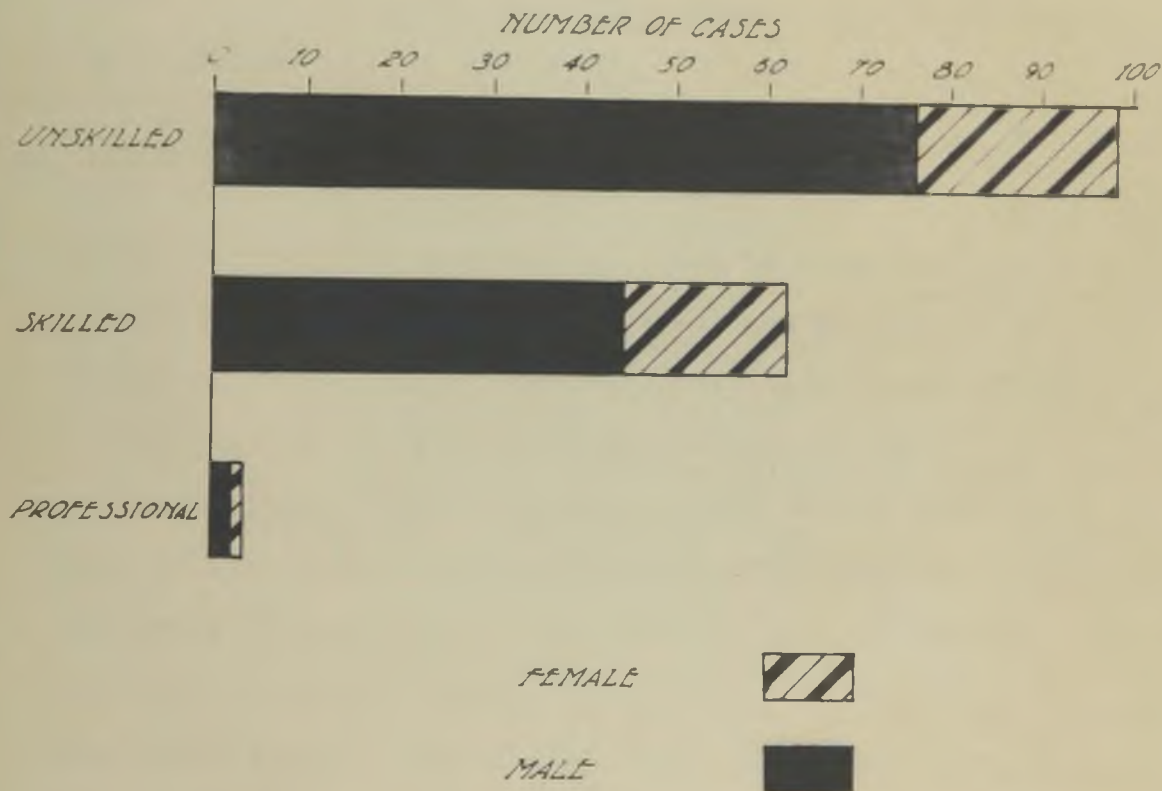
NUMBER OF YEARS UNEMPLOYED PRIOR TO
COMMITMENT OF 122 MALES OF 65 YEARS AND OVER
IN UTAH INFIRMATORIES
SOURCE-RESEARCH
DEC, 1934

NO OF
INMATES



UNIVERSITY OF UTAH
LIBRARY

TYPE OF WORK FORMERLY DONE BY 164 INMATES, 65 YEARS
AND OVER IN SALT LAKE, WEBER, AND UTAH INFIRMARIES
SOURCE - RESEARCH



According to a report made in the White House Conference of 1930, it was concluded that the average wage earner received an annual income of less than \$1,800. A total yearly income of less than \$1,800 a year would allow for a very inadequate, if any, accumulation of financial reserve for unemployment, or old age, and one is not surprised that the average infirmary inmate was unable to remain self-supporting after a period of unemployment of one or two years.

One is even less surprised when he realizes that a large majority of these people have no means of support other than gainful employment. They have no personal property, no insurance, and no real estate from which financial returns might be realized. They have few living relatives, if any, who might assume the responsibility of their future welfare. 85.2% of the females have no living spouse; 70.3% of the males have no living children; 75 and 79.4% of the females have no living brothers or sisters respectively, etc. Table XX will show the complete analysis of this lack of living relatives who might be required legally to assume the care of these people. One must also remember that the children and other relatives of these inmates are probably in the same wage group as the older people were, and they would find it most difficult to assume the support of an additional person.

TABLE XX - PERCENTAGE OF 213 INMATES OF 65 YEARS OF AGE AND OVER IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES HAVING NO LIVING RELATIVES.

Relatives	No. of Inmates		Per Cent	
	Male	Female	Tot.Male	Tot.Female
No living spouse	121	58	83.4	85.2
No living children	102	33	70.3	48.8
No living grand-children	118	47	81.3	69.1
No living brothers	97	51	66.8	75.0
No living sisters	95	54	65.5	79.4
Totals	145	68		

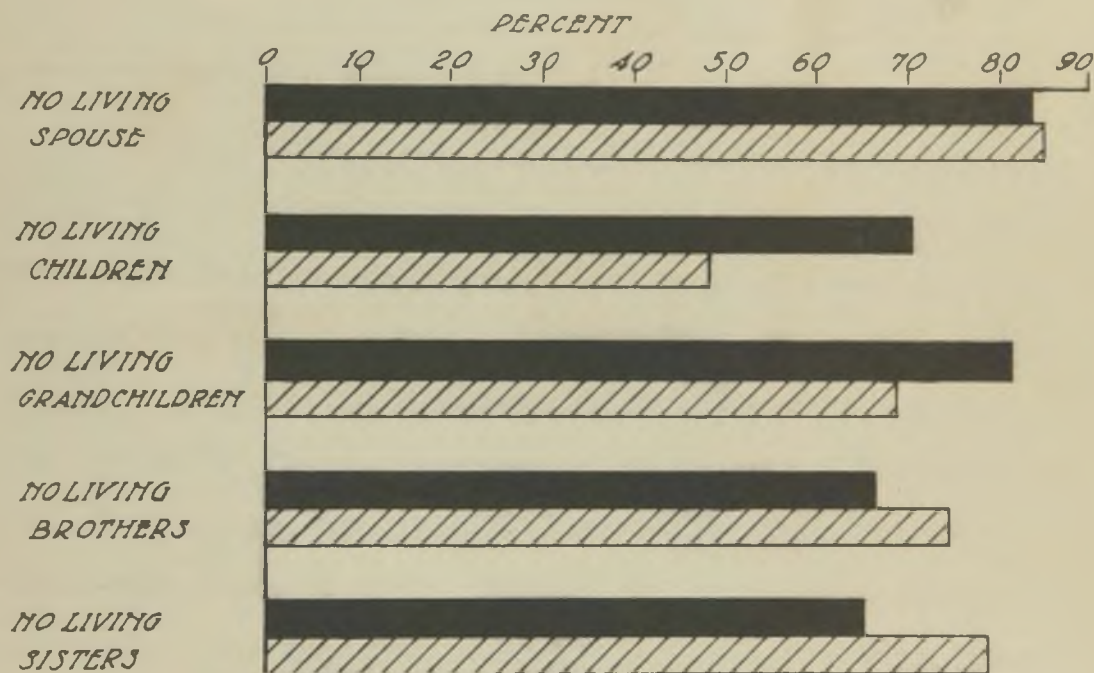
The physical or mental conditions of these people, other than their advanced ages, also would be contributing factors to their inability to assume an active place in society. As was shown in the survey of the general infirm-ary population, only 10.5% of the inmates were normal; the rest were of such a condition that they were either physi-cally and mentally, permanently or temporarily, incapaci-tated. The Salt Lake County infirm-ary medical records give the following analysis of the health conditions of 125 inmates of 65 years of age and over. It will be noticed that only 7.2% of the inmates of this age group are mentally and physically normal. Table XXI.

1 Data not available for 21 males and 2 females.

PERCENTAGE OF UTAH INFIRMARY INMATES

HAVING NO LIVING RELATIVES

213 INMATES AGED 65 YRS. AND OVER



MALE



FEMALE



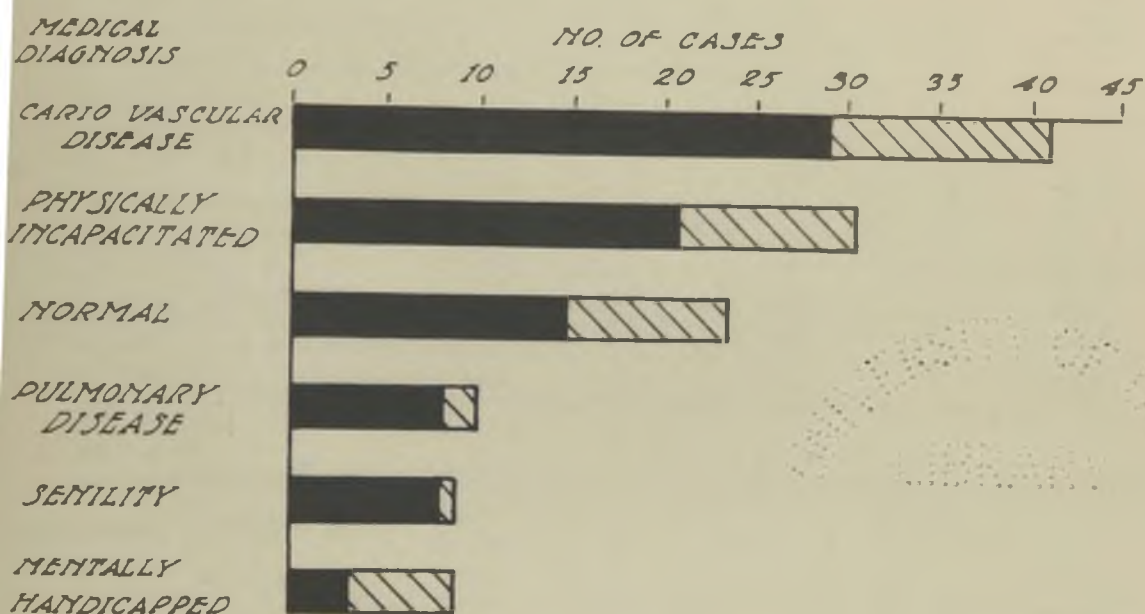
SOURCE - RESEARCH
DECEMBER, 1934.

TABLE XXI - ANALYSIS OF PHYSICAL OR MENTAL CONDITIONS
OF 125 INMATES OF 65 YEARS OF AGE OR OVER IN THE
SALT LAKE COUNTY INFIRMARY.

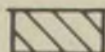
Medical Diagnoses	Number of Inmates			Per cent
	Male	Female	Total	
Cardio-Vascular disease	28	14	42	33.6
Pulmonary disease	8	2	10	8.0
Mentally handicapped	3	6	9	7.2
Physically disabled	21	10	31	24.8
Normal	8	1	9	7.2
Senility	15	9	24	19.2
Totals	83	42	125	100%

The data secured on the former average weekly wage earned by 165 infirmary inmates of 65 years or over revealed an average wage level quite typical of an unskilled and skilled labor group. The mean of the average weekly salaries earned by 126 males is \$21.157/\$19.05; however, the sigma is \$11.71. The women as a wage-earning class are of much less significance; with the exception of thirty-nine cases, those studied had never been gainfully employed. The range of weekly wages is quite wide; from five dollars a week to sixty four dollars a week. Table XXII gives the detailed distribution of weekly earnings.

PHYSICAL AND MENTAL CONDITIONS OF 125 INMATES
OF 65 YEARS AND OVER IN THE SALT LAKE COUNTY INFIRMARY
AS OF MAY, 1934
SOURCE - RESEARCH



FEMALE -



MALE -



TABLE XXII - FORMER AVERAGE WEEKLY WAGE EARNED BY 165
INMATES OF 65 YEARS OF AGE OR OVER IN SALT LAKE,
WEBER AND UTAH COUNTY INFIRMARIES.'

Dollars earned per week.	Number of Inmates			Per cent.
	Male	Female	Total	
60-64	2	0	2	1.2
55-59	1	1	2	1.2
50-54	0	0	0	0
45-49	2	0	2	1.2
40-44	8	1	9	5.5
35-39	4	0	4	2.4
30-34	6	1	7	4.3
25-29	11	0	11	6.6
20-24	16	2	18	10.9
15-19	33	2	35	21.3
10-14	22	7	29	17.5
5- 9	16	10	26	15.7
0- 4	5	15	20	12.2
Totals	126	39	165	100%

When 77.5% of this wage-earning group receive less than twenty five dollars a week, or less than thirteen hundred dollars a year, (Tavle XXII) one can understand that the average previous economic status of the inmates was that of the lowest wage group and that they would not be included among the property owners of a community, nor would they have the opportunity to accumulate a financial surplus to meet any emergency need of unemployment, sickness or accident. The competition of this wage group is exceedingly high, and the person who, because of age, sickness or lack of training, drops out temporarily, finds it very difficult to get a new job. In the type of work represented by this group, a man's productive value after a certain age decreases with increased age; and in

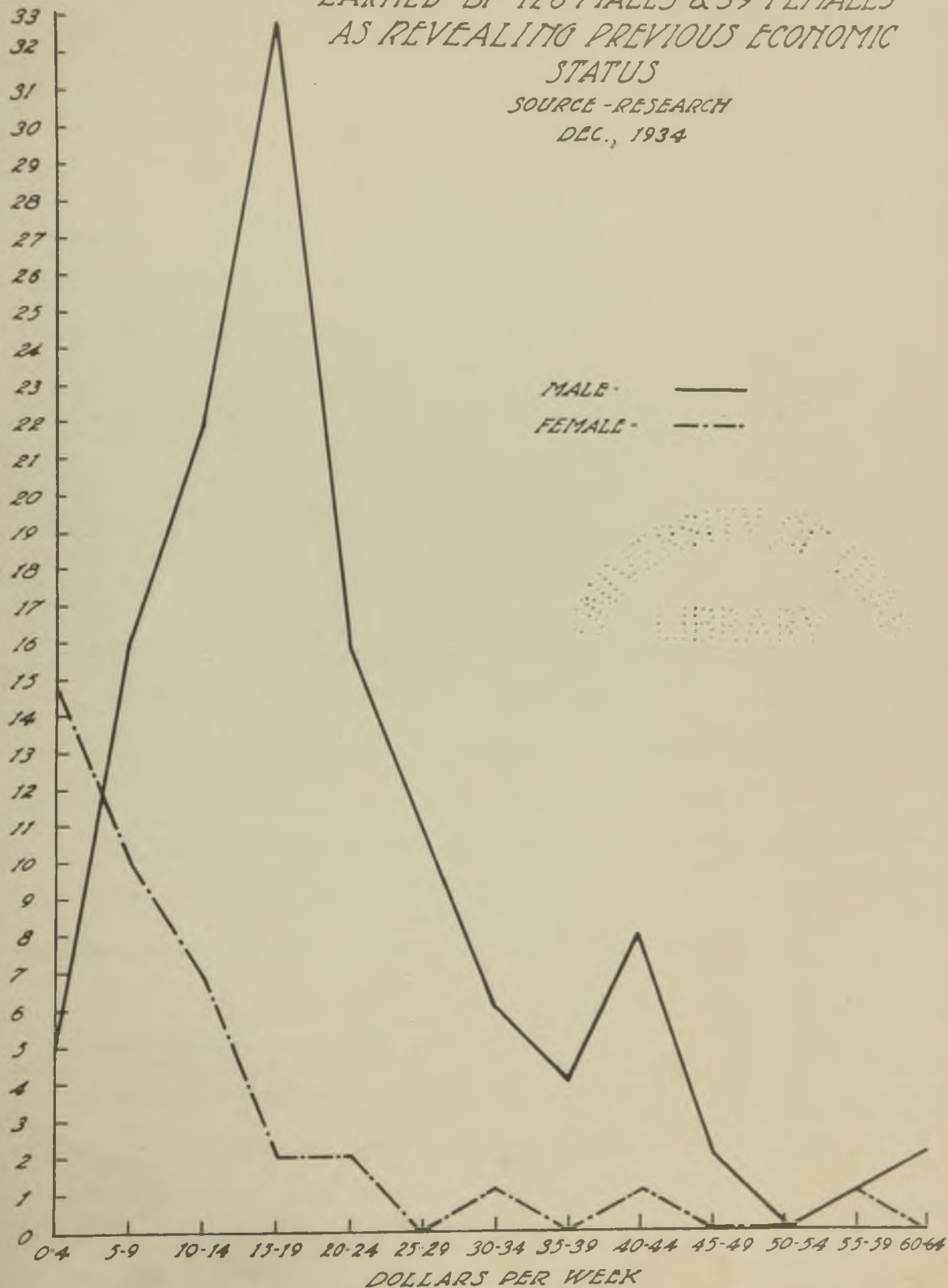
1. Data not available for 40 males and 31 females.

NO. OF
INMATES

FORMER AVERAGE WEEKLY WAGE
EARNED BY 126 MALES & 39 FEMALES
AS REVEALING PREVIOUS ECONOMIC
STATUS

SOURCE - RESEARCH

DEC., 1934



all probability the individuals now in infirmaries had passed their period of labor usefulness and had no prospects of reemployment either temporary or permanent.

The educational background of these inmates would give them little opportunity to advance into a skilled or semi-professional work group. 60% of 213 cases had had no education at all, which makes a total of 88.19% having only an elementary education or less. Table XXIII.

TABLE XXIII - EDUCATIONAL BACKGROUND OF 213 INMATES OF 65 YEARS OF AGE OR OVER IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES.

School Grade Completed	Number of cases			Per cent.
	Male	Female	Total	
Elementary	87	39	128	60.00
Secondary	15	7	22	10.6
College	0	3	3	1.4
None	43	17	60	28.00
Totals	145	68	213	100%

The large percent of foreign-born may account somewhat for the short educational period of many of the inmates.

The marital status of 217 inmates of 65 years of age and over reveals a population which is predominately either unmarried and lacking family ties, or is widowed and now alone. Very few of the inmates are separated, divorced or married. 82% are either single or widowed; 74.1% of the women are widowed, which implies that previously they have led a much more secure and stable life than the average male inmate. Table XXIV shows a detailed analysis of the marital status of the entire group.

Data not available for 21 males and 2 females.

EDUCATIONAL BACKGROUND OF 213 INMATES 65 YEARS
OR OVER IN SALT LAKE, WEBER AND UTAH COUNTY
INFIRMARIES
SOURCE - RESEARCH
DEC., 1934

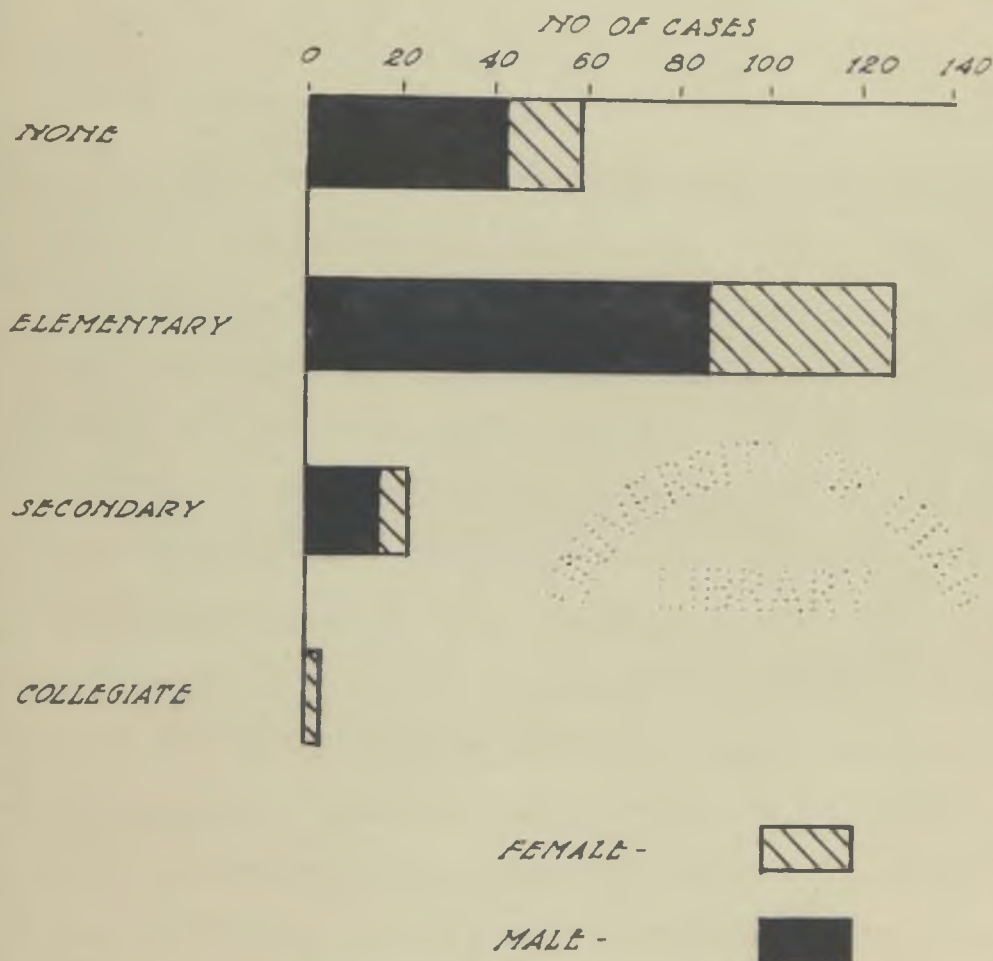


TABLE XXIV - MARITAL STATUS OF 207 INMATES OF 65 YEARS
OF AGE AND OVER IN SALT LAKE, WEBER AND UTAH COUNTY
INFIRMARIES AS OF DECEMBER - 1934.

Marital Status.	Number of Cases			Per cent.
	Male	Female	Total	
Widowed	50	46	96	46.4
Single	71	12	83	40.1
Married	12	3	15	7.1
Divorced	9	1	10	4.9
Separated	3	0	3	1.5
Totals	145	62	207	100%

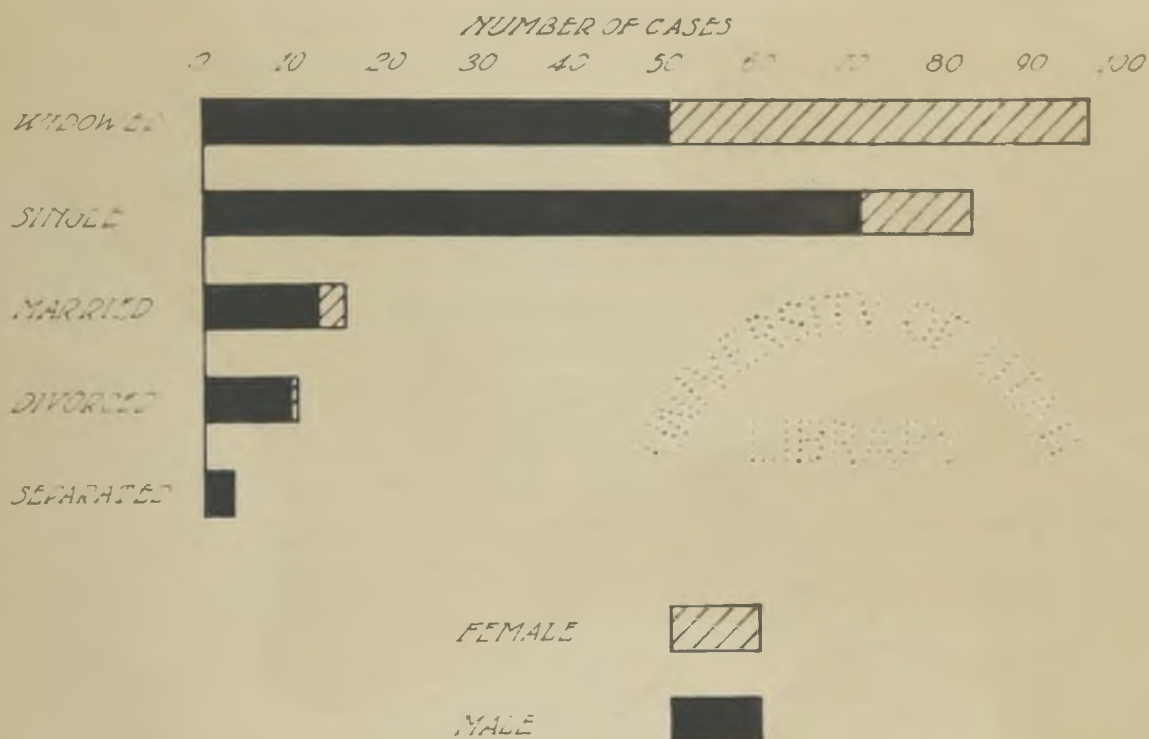
That information which was found concerning the number of years of residence in Utah and in the counties in whose infirmaries 145 inmates are now living implies an unusually static population. However, the range is wide, and the sigma is large. The mean of the years of residence in the county for males is 34.95 ± 1.905 years; the sigma is 18.2 years; for females the mean is 39.87 ± 2.86 years, and the sigma is 21.01 years. The mean of the years of residence in the state for males is 39.75 ± 2.06 years, for females 44.77 ± 2.98 years; the sigma for males is 19.7 years, and for females 21.88 years. With such a wide variability between individual cases, it is impossible to reach any very significant generalizations on this question of state and county residence.

It is interesting to note the nativity distribution of the 210 inmates of 65 years of age and over for whom the information was available. Of the total group, 49.5% were foreign born, 32.8% were native born but born in

1 Data not available for 21 males and 8 females

MARITAL STATUS OF 207 INMATES 65 YEARS AND OVER IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES

SOURCE-RESEARCH



states other than Utah, and only 17.6% were born in Utah. Table XXV.

TABLE XXV - NATIVITY DISTRIBUTION OF 210 INMATES OF 65 YEARS OF AGE AND OVER IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES.

Place of birth	Total Number of Inmates	Percent
Foreign born	104	49.6
Born in states other than Utah	69	32.8
Born in Utah	37	17.6
Totals	210	100%

The foreign-born group is concentrated in several foreign countries; 75.9% of the 104 foreign-born inmates were born in either Great Britain, Denmark, Norway, Sweden or Germany, and of these countries, Great Britain was the native country of 41 persons, or 39% of the entire group. Table XXVI.

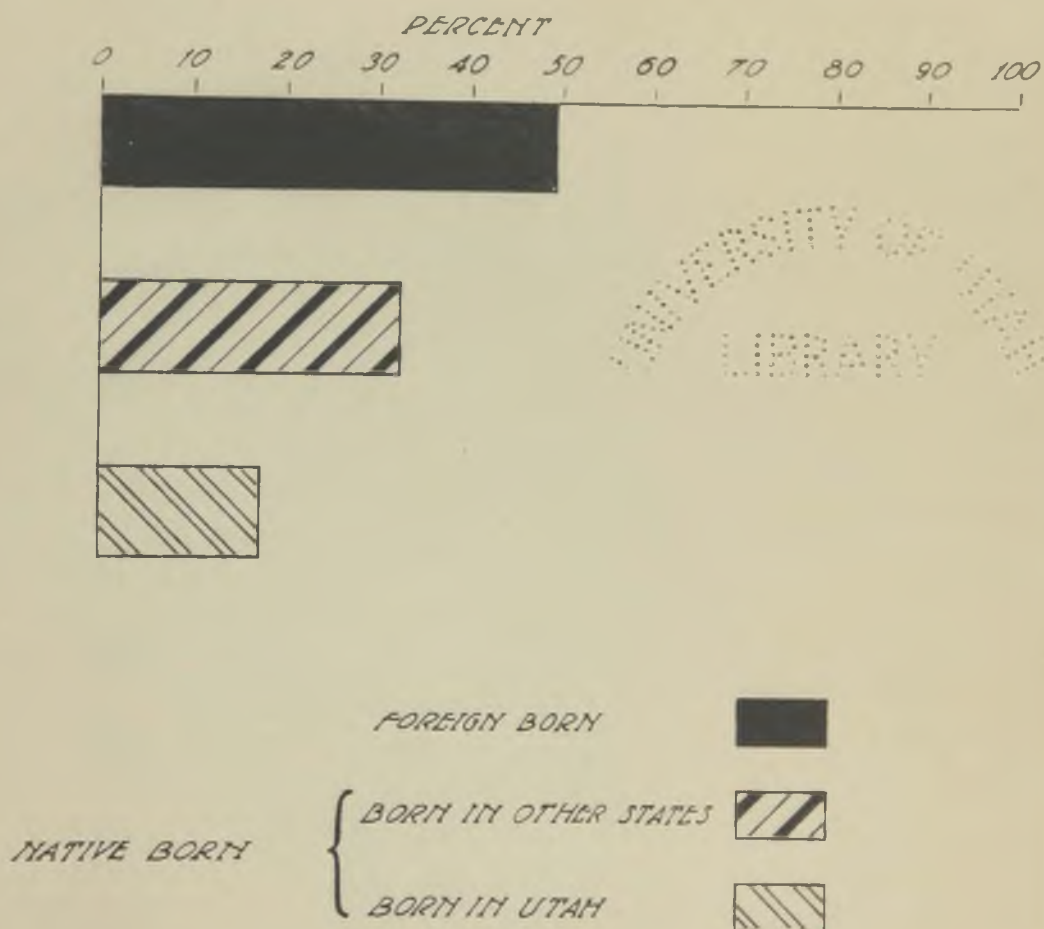
TABLE XXVI - PLACE OF BIRTH OF 104 FOREIGN-BORN INMATES 65 YEARS OF AGE OR OVER IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES.

Place of birth	Number of Inmates			Percent.
	Male	Female	Total	
Great Britain	29	12	41	39.4
Sweden	10	3	13	12.5
Germany	8	3	11	10.5
Denmark	2	5	7	6.7
Norway	1	6	7	6.7
Ireland	4	1	5	4.8
Italy	4	0	4	3.8
Holland	3	0	3	2.8
Canada	2	1	3	2.8
Switzerland	1	2	3	2.8
Jugoslavia	2	0	2	1.9
Austria	2	0	2	1.9
Belgium	1	0	1	.9
Russia	1	0	1	.9
Greece	0	1	1	.9
Total	70	34	104	100%

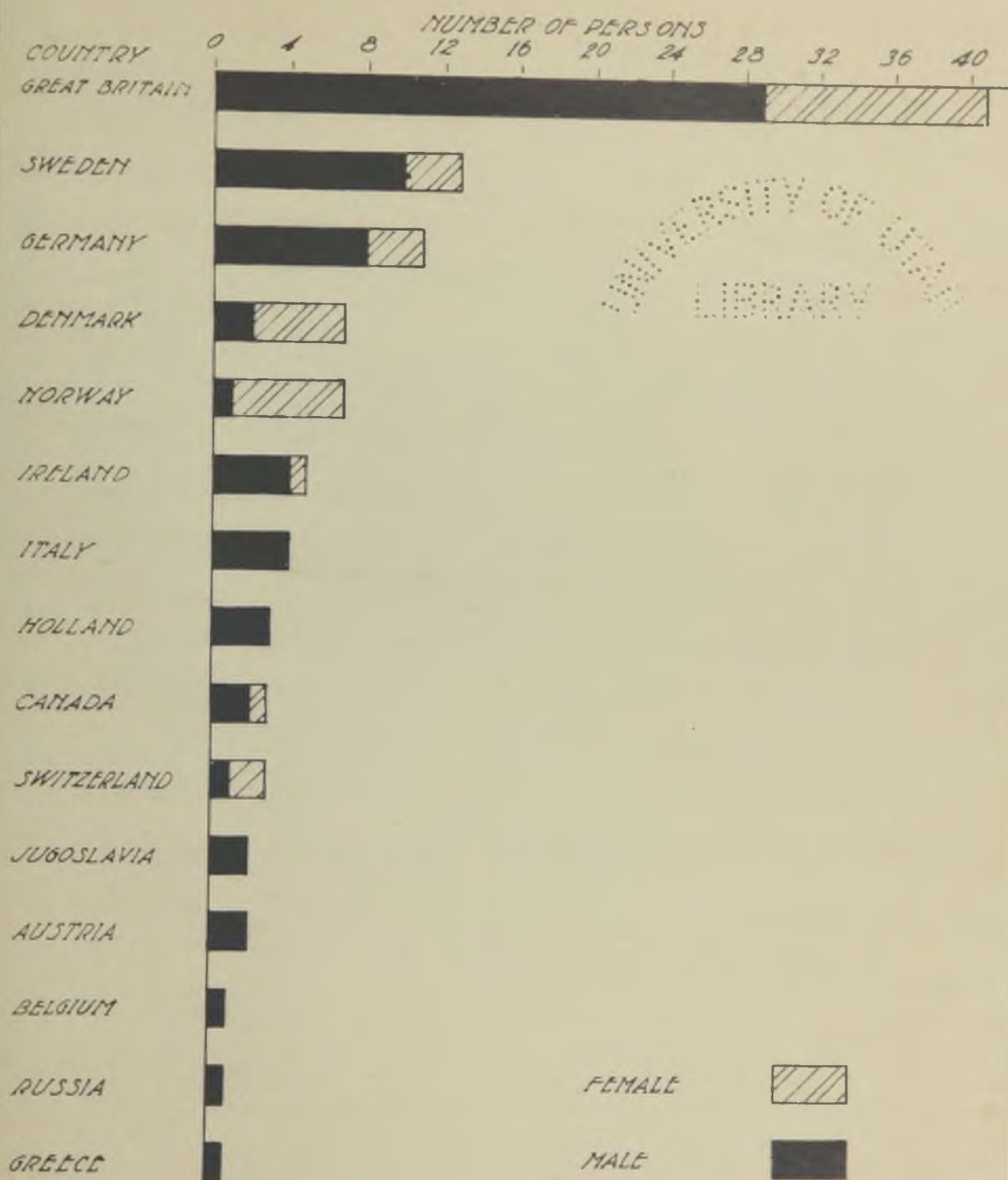
1-Data not available for 26 inmates.

NATIVITY DISTRIBUTION OF 210 INMATES 65 YEARS AND OVER IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES

SOURCE-RESEARCH DECEMBER, 1934



PLACE OF BIRTH OF 109 FOREIGN BORN INMATES 65 YEARS
AND OVER IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES



SOURCE - RESEARCH
DECEMBER, 1934

As before mentioned, the percentage of inmates of 65 years of age and over who are foreign born is very similar to the percentage of those foreign born in the total state population of that age group. This age group has by far the greatest proportion of foreign born persons. In Utah 43.8% of the age group 65 years of age or over were foreign born as compared with 49.5% of the infirmary inmate group being foreign born. In all probability the large number of foreign converts brought into Utah by the Latter Day Saints' Church may account for many of the foreign born citizens of Utah.

Those seventy nine inmates who are neither foreign born nor natives of Utah are fairly well distributed among the other states of the Union. New York and Ohio lead with eight persons each. Table XXVII shows the places of birth by states, including Utah, of these 106 inmates.

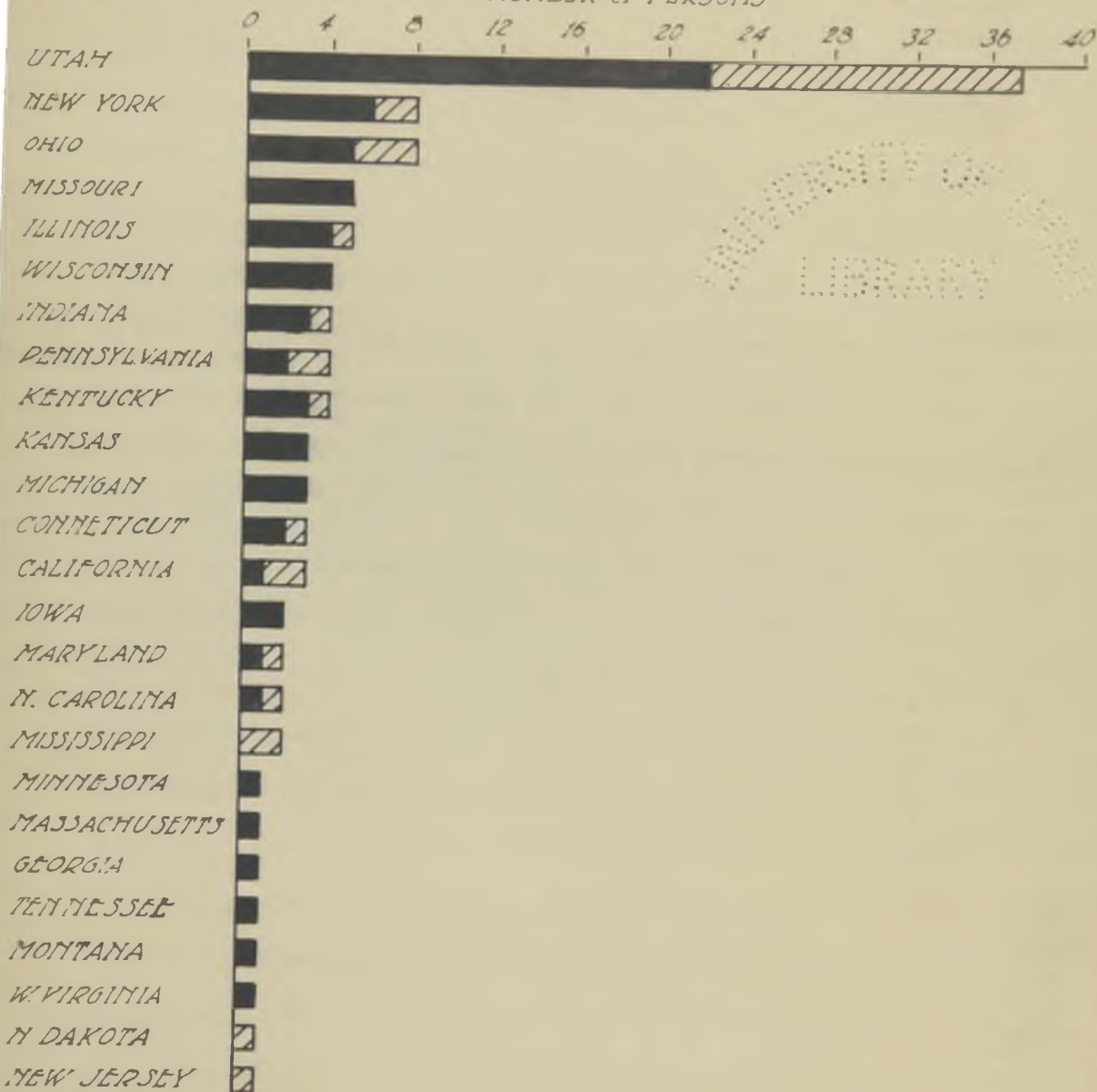
	1	0	1	2
Switzerland	1	0	1	2
West Virginia	1	0	1	2
North Dakota	1	0	1	2
San Jose	1	0	1	2
Washington	1	0	1	2
Total	24	24	24	24

TABLE XVII - PLACE OF BIRTH BY STATES OF 106 NATIVE-BORN INMATES OF 65 YEARS OF AGE AND OVER IN SALT LAKE, WEBER AND UTAH COUNTY INFIRMARIES.

Place of birth	Number of Inmates			Percent
	Male	Female	Total	
Utah	22	15	37	34.9
New York	6	2	8	7.5
Ohio	5	3	8	7.5
Missouri	5	0	5	4.7
Illinois	4	1	5	4.7
Wisconsin	4	0	4	3.7
Indiana	3	1	4	3.7
Pennsylvania	2	2	4	3.7
Kentucky	3	1	4	3.7
Michigan	3	0	3	2.8
Kansas	3	0	3	2.8
Connecticut	2	1	3	2.8
California	1	2	3	2.8
Iowa	2	0	2	1.8
Maryland	1	1	2	1.8
North Carolina	1	1	2	1.8
Mississippi	0	2	2	1.8
Minnesota	1	0	1	.9
Georgia	1	0	1	.9
Tennessee	1	0	1	.9
Montana	1	0	1	.9
West Virginia	1	0	1	.9
North Dakota	1	0	1	.9
New Jersey	1	0	1	.9
Massachusetts	1	0	1	.9
Total	72	34	106	100%

PLACE OF BIRTH BY STATES OF 106 NATIVE BORN
INMATES 65 YEARS AND OVER.-SALT LAKE, WEBER AND UTAH
COUNTY INFIRMARIES.

NUMBER OF PERSONS



FEMALE -



MALE -



SOURCE - RESEARCH

DEC., 1934

It is of interest that only 17.6% were born in Utah. From all evidences the group represented by the infirmary population is one not native to Utah, a fact which would seem to imply a mobile and unstable population. However, viewed in the light of the average number of years of residence in both the county and state, that implication seems to lose much of its significance. Evidently those inmates who were not born in Utah came to the state at an early age and remained there.

One reaches the same general conclusions concerning the inmates of this special age group as were reached after the analysis of the general population. In addition, one is impressed even to a greater extent by the fact that these are the people most in need of constructive social aid; they have no one of their own, relatives or friends, to whom they may turn for aid; and they have outlived their never too lucrative earning period. They have very few resources within themselves for personal and social rehabilitation, and if they are not helped to readjust socially and to find something in which they can regain self respect and independence, they cannot fail to drift into anti-social conduct or to become wards of public charity or inmates in poorhouses.

This study of the administration of the infirmaries of Utah and of the type of population for which they care gives conclusive evidence that the infirmary system in Utah does not and can not function adequately as a means of relieving old age poverty and insecurity.

The infirmary fails as a preventative measure against or a cure for poverty; it provides no constructive means of personal rehabilitation of the inmates; it is unable to achieve desirable social adjustments within its own inmate organization; and it places a stigma upon all persons who enter it that completely demoralizes them and takes from them all social status.

In a period of social development, when the span of life of the general population has increased, and when increased risks due to the excessive individualistic organization of society characterize all types of economic activity, a large number of people are no longer able to achieve economic security in old age. Unemployment is often beyond the worker's control; sickness is becoming far more destructive in its economic consequences; the average wage paid the unskilled and semi-skilled worker is not sufficient to allow for the accumulation of an old age reserve; and as a man ages his value as a worker in all fields - excepting the professions - decreases rapidly.

The person who, for one of these reasons, finds himself with no economic resources in his old age, ought not to be forced to enter an almshouse or an infirmary and thus forsake all his familiar surroundings, lose all his friends and social contacts, and sacrifice all of his self respect and social prestige. The society that permits the security of old age to be so uncertain and so difficult to achieve can not justly require that any of its members become paupers. A society like ours has ethically obligated itself to enable indigent old people to live in their own community among their friends, and to remain in active social life as long as possible.

This entire study convinces one of the injustice, uselessness and futility of the almshouse system in Utah. Although it is true that the standards and policies vary considerably among the four institutions in the state, the following general criticisms seem justified:

1. The number of people served by the infirmary system does not justify its continuance as a special system of relief. The four infirmaries care for only .06 per cent of the total state population and only 2 per cent of the state population of 65 years of age and over. One institution is maintained for the care of one inmate. Two other institutions care for only 43 and 53 inmates.
2. The rural county infirmaries function most efficiently as farms, not as institutions for the relief of the indigent aged.

3. The political connection of the administrative offices of the infirmary creates a personnel which is untrained, inefficient, and ignorant of the real problems to be met.
4. Excepting Salt Lake County infirmary, the physical equipment such as buildings, hospital facilities, sanitary conditions, recreational opportunities, etc., are wholly inadequate.
5. The persistent tendency to mix young with old, mentally handicapped with mentally normal, and able-bodied with ill, creates definitely harmful social maladjustments.
6. The lack of regulation and supervision of the admission of inmates by trained social workers makes possible serious abuse of the institution system.
7. The system is financially uneconomic as well as wasteful of human energy.
8. The system as now used finds the various counties unnecessarily duplicating each other's function.
9. None of the infirmaries, particularly that found at Price, Carbon County, can find justification of existence. Carbon County's institution is not only a disgrace to the community, but also a source of the misuse of county funds and a serious abuse of human life.

Believing that these criticisms hold true, the solution of the problem of old age dependency can be found only:

1. When the infirmary system is abandoned.
2. When the Old Age Pension, or a system of old age annuities, is extended and expanded in amount sufficiently to care adequately for all able-bodied and infirm old age indigents.

3. When a system of public hospitalization is extended into every county in Utah. It might be suggested that the institutions now used as infirmaries and the money expended in the upkeep of the institutions be used for county hospitals from which visiting nurses and physicians could be sent to those indigents needing medical care.
4. When types of social insurance such as unemployment insurance, health insurance, and old age annuities are made mandatory and nation wide.

The almshouse system in Utah, as elsewhere, has long ago outlived its usefulness, and persists only as a vestige of the past.

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ARTICLE A
STATE STATE STATUTES

APPENDICES

BY
EMILY J. JONES

19-5-55. Id. Care of Indigents. (Rev. Stat. of Utah, 1933.)

They may provide for the care, maintenance and relief of all indigent sick or otherwise dependent poor persons who have lawfully settled in any part of the county, including that territory or portion thereof lying within the limits of any incorporated city or town situated in the county; and it is hereby made the duty of each board of county commissioners to provide such care, maintenance and relief for the indigent sick and dependent poor, whether found within or without the corporate limits of incorporated cities or town, but if found within the corporate limits of incorporated cities or towns, to observe in caring for them all such quarantine rules and regulations as may be necessary to provide for the same; and for such purposes levy the necessary tax; provided, that the board shall appoint (not let to the lowest bidder) some suitable graduate in medicine to be known as the county physician, and in counties of the first class the board may also appoint another suitable graduate in medicine to be known as the assistant to the county physician; and in all cases where indigents are sick with a contagious disease and are found within incorporated cities or town the board of county commissioners in caring for them shall observe such quarantine rules and regulations as may be therein prescribed; provided, that in all cases where a person sick with a contagious disease within the limits of an incorporated city or town is quarantined by any city or town health officer and rendered dependent by reason of such quarantine, the board of county commissioners shall only be responsible for the care and maintenance of such person from and after the date when it shall be notified of the establishment of such quarantine by such city or town health officers; and provided further, that from the time of the receipt of such notice the board of county commissioners shall have the exclusive care and control of the maintenance and support of such person and the expenditure of money therefor.

POPULATION OF COUNTIES

Counties	White	Male	Female	Colored	Male	Female	Foreign Born
<u>Beaver</u>							
All Ages	8,298	8,725	8,488	117	117	117	117
65-74 yrs.	100	98	98	0	0	0	0
75 & over	50	50	50	0	0	0	0
<u>Bonanza</u>							
All Ages	17,818	9,888	8,488	117	117	117	117
65-74 yrs.	100	98	98	0	0	0	0
75 & over	50	50	50	0	0	0	0
<u>Castle</u>							
All Ages	17,434	12,411	13,807	117	117	117	117
65-74 yrs.	1,087	1084	1084	0	0	0	0
75 & over	434	434	434	0	0	0	0
<u>Cannonville</u>							
All Ages	17,708	8,700	8,708	117	117	117	117
65-74 yrs.	100	98	98	0	0	0	0
75 & over	50	50	50	0	0	0	0
<u>Capitol Hill</u>							
All Ages	11	100	100	117	117	117	117
65-74 yrs.	10	100	100	0	0	0	0
75 & over	0	0	0	0	0	0	0
<u>Carls</u>							
All Ages	14,101	7,000	7,000	117	117	117	117
65-74 yrs.	440	440	440	0	0	0	0
75 & over	100	100	100	0	0	0	0
<u>Castle Rock</u>							
All Ages	8,880	4,400	4,480	117	117	117	117
65-74 yrs.	100	100	100	0	0	0	0
75 & over	50	50	50	0	0	0	0
<u>Henry</u>							
All Ages	7,000	4,000	4,000	117	117	117	117
65-74 yrs.	100	100	100	0	0	0	0
75 & over	50	50	50	0	0	0	0
<u>Garfield</u>							
All Ages	4,640	4,600	4,640	117	117	117	117
65-74 yrs.	100	100	100	0	0	0	0
75 & over	50	50	50	0	0	0	0

APPENDIX B.

POPULATION DATA OF UTAH IN 1930 FROM THE UNITED STATES CENSUS.

POPULATION BY COUNTIES

Counties	Total	Male	Female	Counties	Total	Male	Female
<u>Beaver</u>				<u>Grand</u>			
All Ages	5,136	2,731	2,405	All Ages	1,813	1,001	812
65-74 yrs.	190	96	94	65-74 yrs.	54	37	17
75 & over	50	26	24	75 & over	24	17	7
<u>Box Elder</u>				<u>Iron</u>			
All Ages	17,810	9,320	8,490	All Ages	7,227	3,796	3,431
65-74 yrs.	497	271	226	65-74 yrs.	168	99	69
75 & over	225	102	123	75 & over	81	35	46
<u>Cache</u>				<u>Juab</u>			
All Ages	27,424	13,617	13,807	All Ages	8,605	4,525	4,080
65-74 yrs.	1,057	524	533	65-74 yrs.	247	146	101
75 & over	454	213	241	75 & over	93	42	51
<u>Carbon</u>				<u>Kane</u>			
All Ages	17,798	9,590	8,208	All Ages	2,235	1,149	1,086
65-74 yrs.	217	131	208	65-74 yrs.	58	34	24
75 & over	44	29	15	75 & over	18	12	6
<u>Daggett</u>				<u>Millard</u>			
All Ages	411	221	190	All Ages	9,945	5,206	4,739
65-74 yrs.	16	10	6	65-74 yrs.	292	171	121
75 & over	8	6	2	75 & over	126	71	55
<u>Davis</u>				<u>Morgan</u>			
All Ages	14,021	7,228	6,793	All Ages	2,536	1,332	1,304
65-74 yrs.	463	248	215	65-74 yrs.	85	47	38
75 & over	186	87	99	75 & over	24	16	8
<u>Duchesne</u>				<u>Piute</u>			
All Ages	8,263	4,469	3,794	All Ages	1,956	1,016	940
65-74 yrs.	173	108	65	65-74 yrs.	66	40	26
75 & over	57	35	22	75 & over	31	22	9
<u>Emery</u>				<u>Rich</u>			
All Ages	7,042	3,774	3,268	All Ages	1,973	1,016	857
65-74 yrs.	258	147	111	65-74 yrs.	43	23	20
75 & over	94	52	42	75 & over	15	9	6
<u>Garfield</u>				<u>Salt Lake</u>			
All Ages	4,642	2,464	2,178	All Ages	94,102	97,476	96,626
65-74 yrs.	100	51	49	65-74 yrs.	6,579	3,204	3,375
75 & over	42	25	17	75 & over	2,434	1,131	1,303

POPULATION BY COUNTIES (Continued)

Counties	Total	Male	Female	Counties	Total	Male	Female
<u>San Juan</u>				<u>Washington</u>			
All Ages	3,496	1,870	1,626	All Ages	7,420	3,840	3,580
65-74 yrs.	86	50	36	65-74 yrs.	270	141	129
75 & over	36	21	15	75 & over	99	57	42
<u>Sanpete</u>				<u>Wayne</u>			
All Ages	16,022	8,199	7,823	All Ages	2,067	1,067	1,000
65-74 yrs.	617	295	322	65-74 yrs.	40	25	15
75 & over	297	133	164	75 & over	18	8	10
<u>Sevier</u>				<u>Weber</u>			
All Ages	11,199	5,725	5,474	All Ages	52,172	26,227	25,945
65-74 yrs.	343	181	162	65-74 yrs.	1,786	911	875
75 & over	123	58	65	75 & over	653	323	330
<u>Summit</u>							
All Ages	9,527	5,243	4,284				
65-74 yrs.	230	123	107				
75 & over	84	35	49				
<u>Tooele</u>							
All Ages	9,413	5,234	4,179				
65-74 yrs.	236	148	88				
75 & over	88	38	50				
<u>Uintah</u>							
All Ages	9,035	4,808	4,227				
65-74 yrs.	270	159	111				
75 & over	108	65	43				
<u>Utah</u>							
All Ages	49,021	24,898	24,123				
65-74 yrs.	1,740	863	877				
75 & over	753	360	393				
<u>Wasatch</u>							
All Ages	5,636	2,957	2,679				
65-74 yrs.	176	90	86				
75 & over	55	30	25				

POPULATION STUDIES 1930

1930	Total	Male	Female
All Ages	507,847	259,999	247,848
65-74 years	16,349	8,369	7,980
75 yrs. & over	6,312	3,053	3,263
<u>1920</u>			
All Ages	449,396	232,051	217,345
65-74 years	11,026	5,684	5,342
75 yrs. & over	4,857	2,274	2,583
<u>1930</u>			<u>Urban</u>
All Ages	266,264	132,649	133,615
65-74 years	9,456	4,592	4,864
75 yrs. & over	3,607	1,660	1,947
<u>1920</u>			
<u>1930</u>			<u>Rural-farm</u>
All Ages	106,667	56,823	49,844
65-74 years	3,043	1,884	1,159
75 yrs. & over	953	543	410
<u>1920</u>			
<u>1930</u>			<u>Rural-Nonfarm</u>
All Ages	134,916	70,527	64,389
65-74 years	3,850	1,993	1,957
75 yrs. & over	1,756	850	906
<u>1920</u>			

GENERAL INSTRUCTIONS TO INTERVIEWERS

- I. Be sure you have the necessary equipment for making the interview prepared for immediate use. This will save both your time and the informant's, and will give a better atmosphere to the interview.
- II. Be sure you are at the proper residence, introduce yourself, and explain fully and clearly who you are and the purpose of your visit. This is done in order to gain the confidence and cooperation of the person to be interviewed.

III. (Suggested introduction):

"This study is to survey the extent of old age dependency. The purpose of this particular study is to determine the social and economic status of the aged in the state. We would appreciate your cooperation in answering

APPENDIX C.

INTERVIEW SCHEDULES AND INSTRUCTIONS

USED IN THIS STUDY

- IV. NEVER discuss the results of your judgment on any personal or public matter during the time you are interviewing. The material and facts you obtain in this study are to be considered confidential at all times.
- V. After the contact has been made, ask the questions as they appear on the interview sheet. If a satisfactory and clear answer is not received, rephrase the question or clarify it for the client.
 - a. If possible direct your discussion in the order of the questions, but do not interrupt the client's conversation, if the information revealed is important or significant later.
 - b. Your technique of interviewing should be varied according to the client's individual personality.
- VI. In the case of older people, never become rushed or hurried in your questioning. These people may need to think back through many experiences for the correct answer to your questions.

GENERAL INSTRUCTION TO INTERVIEWERS

- I. Be sure you have the necessary equipment for making the interview prepared for immediate use. This will save both your time and the informant's, and will give a better atmosphere to the interview.
- II. Be sure you are at the proper residence, introduce yourself, and explain fully and clearly who you are and the purpose of your visit. This is done in order to gain the confidence and cooperation of the person to be interviewed.
- III. (Suggested introduction):

"This study is to survey the extent of old age dependency in Utah. The purpose of this particular study is to determine the social and economic status of the aged in the state. We would appreciate your cooperation in answering some questions."

(To be varied with individual circumstances.)
- IV. NEVER commit yourself on anything or pass judgment on any personal or public matter during the time you are interviewing. The material and facts you obtain in this study are to be considered confidential AT ALL TIMES.
- V. After the contact has been made, ask the questions as they appear on the interview sheet, but; if a satisfactory and clear answer is not received, re-construct the question to clarify it for the client.
 - a. If possible direct your discussion in the order of the questions, but do not interrupt the client's conversation, if the information revealed is important or applicable later.
 - b. Your technique of interviewing should be varied according to the client's individual personality.
- VI. In the case of older people, never become rushed or hurried in your questioning. These people may need to think back through many experiences for the correct answer to your questions.

GENERAL INSTRUCTION TO INTERVIEWERS

- VII. In filling out the interview sheet, always be complete, NEVER leave anything to guess-work or memory; do not abbreviate. A complete record saves time and increases accuracy in interpretation.
- VIII. Every question must be answered. If the client is unable to remember, indicate inability, or, if the question does not apply to the particular case, write "none" in the blank.
- IX. An interview schedule must be made out for all active cases. If the interview is not completed, indicate the reason across the face sheet.
- X. If the client is not home, or if for any other reason you are unable to see and speak with the client, make two return trips before indicating inability to obtain an interview. If the client has moved, try to learn his new address.
- XI. Use ink or indelible pencil in filling out all records.
- XII. Be sure you have the proper date recorded on the interview sheet and your own name in the space INTERVIEWED BY.
- XIII. Be sure to fill in the first six lines before going to the client's residence or room. In the space following NAME the name of the client is to be written.
- XIV. In the blank headed by ADDRESS, under that of INTERVIEWED BY, the address of the client is desired, not that of the person interviewing.
- a. In the case of those people living in County infirmaries, the address should be the name of the County infirmary in which the client lives.

SPECIAL INSTRUCTIONS TO INTERVIEWERS FOR FILLING OUT

UNIT - II A.

- I. Fill in every blank with the correct answer or the word NONE when the question does not apply.
- II. Do not abbreviate any answer.
- III. In question #5, the blank before the word County is to be filled in by the interviewer before going to the client's room.
- IV. In filling out question #8, list the client's own children first, then the brothers and sisters. Include all such relatives, and, if necessary, write those you cannot get in the blanks allowed, on the back of the interview schedule. Show on the face sheet, beside question #8, such a continuation.
- V. In question #10, part A, include all small contributions from relatives; in part B, PUBLIC includes such relief as Veteran's Pensions, Mother's Pensions, and E.R.A.; in part C, PRIVATE means relief from L.D.S. wards and other churches, Family Service, Salvation Army, etc. If sources of income or classification of an organization is doubtful, list full name of the agency.
- VI. In question #12, part C, if the client cannot give exact weekly wage, obtain a fairly accurate approximation of the amount earned per week.
- VII. In question #14, write out the full name of the organization; do not abbreviate.
- VIII. In answering question #15, include any property owned, whether it has been given over to the County or not. Make special note of conditions governing such property.
- IX. In question #16, ENDOWMENT means any insurance that is payable in parts or in whole at a certain age or time. Life insurance is payable only at death.
- X. In question #18, make a note of all fraternal order memberships, indicate, however, whether such membership is active or inactive. Do not

SPECIAL INSTRUCTIONS TO INTERVIEWERS FOR FILLING OUT

UNIT - II A.

abbreviate the name of the organization.
FRATERNAL ORDERS includes such organizations
as: Moose, Elk, Masons, Odd Fellows, Rotary
Club, Woodman, etc.

- XI. In question #19, the term DIVERSIONS refers to activities such as church work, reading, physical exercise, housework, social activities, visits, and sewing.
- XII. The last part of the interview sheet is to be filled out entirely by the interviewer.
- XIII. Under GENERAL REMARKS, be sure to include such important items as:
 - a. Physical handicaps noticed.
 - b. Is the client in a private room or in a ward? If in a ward, how many other inmates are in the ward?
 - c. General atmosphere and conditions.
 - d. Attention received from relatives.

Such information is not asked of the client himself. It is material you supply from your own observation.

- XIV. When in doubt about any information make a note of the facts or statements by recording them on the back of the interview sheets.

INTERVIEW OF INMATES OF ALMSHOUSES

Date _____ Interviewed by _____

Name _____ Address _____

City _____ County _____

(The above to be filled out by the interviewer)

1. What was your age at last birthday? _____

2. Where were you born? _____

3. If you are foreign born, where were you naturalized? _____

When? _____

4. Are you married, bachelor, spinster, widow, widower, divorced, separated? (Underline the correct answer.)

5. How many years have you lived in _____ County? _____

6. How many years have you lived in Utah? _____

7. At what date did you enter this institution? _____ month _____ year

8. Who are your living relatives? (Consider only own children, brothers and sisters.)

Name

Relationship

Address

9. How many living grandchildren have you? _____ Over 18 years? _____

Under 18 years? _____

10. What are your present means of support other than that of this institution?

Source

Estimated monthly am't

a. Relatives: _____

b. Public: _____

c. Private: _____

d. Investigation: _____

e. Own earnings: _____

f. Others: _____

11. What was the last school grade you completed? _____
12. When were you last gainfully employed? _____
 - a. How long? _____
 - b. What type of work? _____
 - c. What average weekly wage? _____
13. In what other types of work have you engaged? _____

14. To what labor unions do or have you belonged? _____

15. What property do you own? Estimated value
 - a. Real Estate and Improvements: _____
 - b. Personal Property: _____
16. Have you any insurance?

<u>Kind</u>	<u>Amount</u>
Life _____	_____
Health _____	_____
Endowment _____	_____
Others _____	_____
17. What is your church group? _____
18. Do you belong to any fraternal order? _____
19. With what diversions do you occupy your time? _____

(The following to be filled out entirely by the interviewer)

1. What is the attitude of the client toward the Almshouse? (check)
 - a. Favorable _____
 - b. Indifferent _____
 - c. Unfavorable _____
2. Was the client cooperative in the interview? Yes _____ No _____
3. Name and relationship of informant _____

4. General remarks: any additional information you consider pertinent to the study.

APPENDIX D.

COPY OF THE TYPE OF TABULATION SHEET USED.

No.	Age	Place of Birth	City	State	Admission	Discharge	Length of Stay	Diagnosis	Other	Physical	Church	Physical Handicaps	Remarks
1	81	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
2	59	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
3	70	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
4	71	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
5	80	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
6	81	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
7	66	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
8	79	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
9	75	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
10	86	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
11	73	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
12	76	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
13	82	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
14	69	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
15	74	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
16	70	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
17	66	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
18	71	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
19	63	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
20	70	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
21	74	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
22	80	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
23	73	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
24	70	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
25	76	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
26	81	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
27	71	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
28	70	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
29	74	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
30	69	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
31	75	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
32	72	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
33	79	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		
34	66	London, England	London	England	1899	1900	1	schizophrenia	unstable	unstable	Church of England		

PAGE XXVIII

ANNUAL EXPENDITURES OF CARBON COUNTY INFIRMARY FROM 1921 - FEBRUARY, 1935.

Date	MONTHLY EXPENDITURE PAID TO CARBON COUNTY INFIRMARY	TOTAL
1921		
Dec.	\$ 120.00	
Nov.	120.00	
Oct.	20.00	
Sept.	60.00	
Aug.	104.75	
July	120.00	
June	12.00	
May		
April		
Mar.	22.75	
Feb.		
Jan.	27.00	\$1,000.40

APPENDIX E

TABLE XXVIII

ANNUAL EXPENDITURES OF CARBON COUNTY INFIRMARY FROM 1921 - FEBRUARY, 1935.

1922		
Dec.	120.00	
Nov.	120.00	
Oct.	20.00	
Sept.	60.00	
Aug.	120.00	
July	120.00	
June	22.75	
May	120.00	
Apr.	22.00	
Mar.	20.00	
Feb.	20.00	
Jan.	22.75	\$1,042.75
1923		
Dec.	120.00	
Nov.	110.00	
Oct.	20.00	
Sept.	120.00	
Aug.	120.00	
July		
June		
May		

TABLE XXVIII

ANNUAL EXPENDITURES OF CARBON COUNTY INFIRMARY
FROM 1921 - FEBRUARY, 1935.

Date	Monthly Amount Paid To Carbon County Infirmary	Total
1921		
Dec.	\$ 126.05	
Nov.	122.80	
Oct.	92.05	
Sept.	88.80	
Aug.	134.70	
July	140.50	
June	121.95	
May	118.40	
April		
Mar.	59.70	
Feb.	70.50	
Jan.	13.50	\$1,089.40
1922		
Dec.	\$ 126.90	
Nov.	146.60	
Oct.	106.50	
Sept.	131.30	
Aug.	110.90	
July	115.00	
June	94.75	
May	128.60	
Apr.	115.15	
Mar.	92.40	
Feb.	87.95	
Jan.	83.70	\$1,346.75
1923		
Dec.	\$ 132.00	
Nov.	110.05	
Oct.	90.35	
Sept.	133.00	
Aug.	136.40	
July		
June		

Date	Monthly Amount Paid To Carbon County Infirmary	Total
1923		
May	\$ 171.90	
Apr.	174.40	
Mar.	99.40	
Feb.	125.05	
Jan.	115.10	
		\$ 1,283.65
1924		
Dec.	\$ 79.05	
Nov.	79.05	
Oct.	76.50	
Sept.	80.70	
Aug.	97.75	
July	76.50	
June	60.00	
May	91.80	
Apr.	131.75	
Mar.	121.05	
Feb.	141.50	
Jan.	136.40	
		\$ 1,169.05
1925		
Dec.	\$ 105.40	
Nov.	101.15	
Oct.	79.05	
Sept.	78.00	
Aug.	79.05	
July	79.05	
June		
May	79.05	
Apr.	79.00	
Mar.	79.05	
Feb.	71.40	
Jan.	80.75	
		\$ 723.95
1926		
Dec.		
Nov.	\$ 79.05	
Oct.	56.10	
Sept.	62.90	
Aug.	52.70	
July	82.80	

Date	Monthly Amount Paid To Carbon County Infirmary	Total
1926		
June	\$ 130.65	
May	52.70	
Apr.	57.50	
Mar.	103.70	
Feb.	99.45	
Jan.	<u>105.40</u>	\$ 882.95
1927		
Dec.	\$ 87.55	
Nov.	82.45	
Oct.	105.40	
Sept.	110.50	
Aug.		
July	96.90	
June		
May	79.05	
Apr.	77.35	
Mar.	52.70	
Feb.	47.60	
Jan.	52.70	
	<u>Supplies 32.98</u>	\$ 635.18
1928		
Dec.	\$ 152.50	
Nov.	79.05	
Oct.		
Sept.	86.70	
Aug.	40.00 (burial)	
July	105.40	
June	106.25	
May		
Apr.	112.20	
Mar.	120.70	
Feb.		
Jan.	<u>105.40</u>	\$ 868.20
1929		
Dec.		
Nov.	\$ 47.60	
Oct.	53.00	
Sept.	50.45	
Aug.	28.35	
July	6.03	

Date	Monthly Amount Paid To Carbon County Infirmary		Total
1929			
June	\$	29.20	
May		28.35	
Apr.		27.50	
Mar.			
Feb.		78.20	
Jan.		<u>79.05</u>	\$ 427.68
1930			
Dec.	\$	94.50	
Nov.		44.60	
Oct.		54.85	
Sept.		37.50	
Aug.		33.60	
July		43.45	
June		29.00	
May		49.70	
Apr.		29.00	
Mar.			
Feb.		48.40	
Jan.		<u>60.95</u>	\$ 525.45
1931			
Dec.	\$	81.40	
Nov.		78.00	
Oct.		79.70	
Sept.		77.60	
Aug.		45.70	
July		54.70	
June		53.00	
May		54.70	
Apr.		66.75	
Mar.		62.50	
Feb.		52.30	
Jan.		<u>82.00</u>	\$ 788.35
1932			
Dec.	\$	53.50	
Nov.		83.95	
Oct.		64.45	
Sept.		79.70	
Aug.		104.00	

Date	Monthly Amount Paid To Carbon County Infirmary		Total
1932			
July	\$	84.45	
June		81.05	
May		87.00	
Apr.		86.50	
Mar.		86.95	
Feb.		81.40	
Jan.		<u>90.00</u>	\$ 982.95
1933			
Dec.	\$	113.25	
Nov.		100.50	
Oct.		66.50	
Sept.		68.20	
Aug.		68.20	
July		66.50	
June		85.85	
May		78.50	
Apr.		83.10	
Mar.		83.10	
Feb.		79.70	
Jan.		<u>61.85</u>	\$1,055.25
1934			
Dec.	\$	74.15	
Nov.		68.20	
Oct.		66.50	
Sept.		86.90	
Aug.		94.55	
July		92.00	
June		117.50	
May		139.60	
Apr.		124.30	
Mar.		122.60	
Feb.		120.90	
Jan.		<u>100.50</u>	\$ 1,507.70
1935			
Feb.	\$	63.10	
Jan.		<u>72.45</u>	\$ 135.55

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